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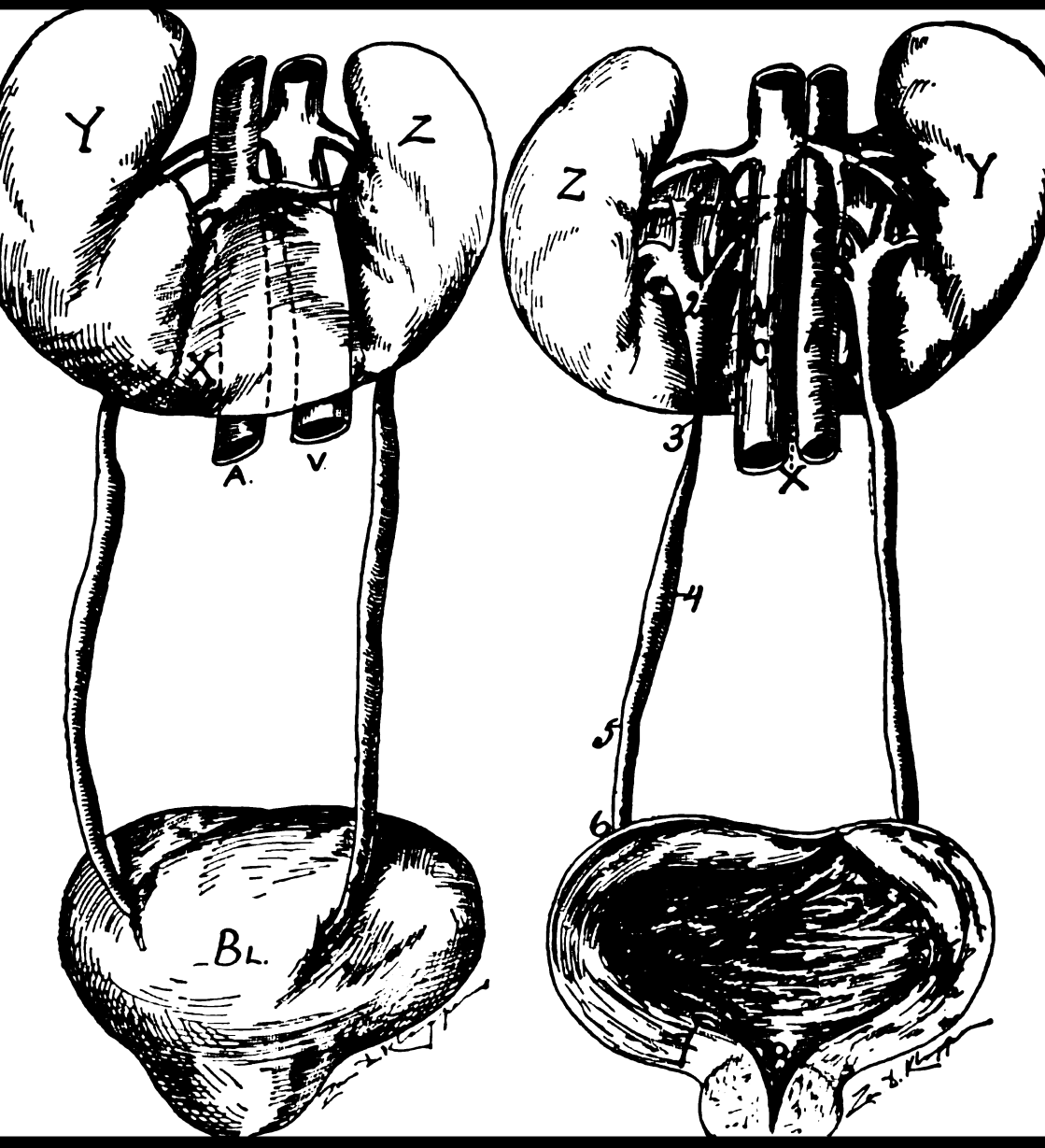

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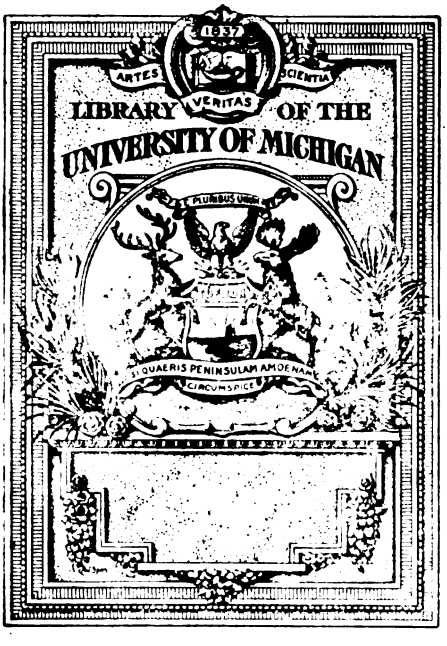

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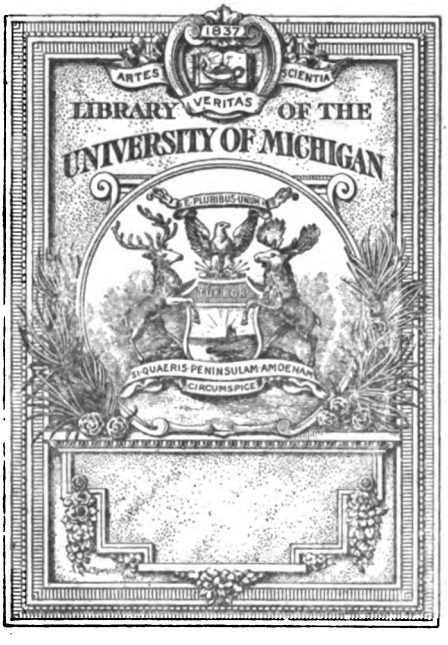

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ORIGINAL COMMUNICATIONS.

NEWER FACTS CONCERNING PHAGOCYTOSIS.*

By L. W. Famulener, M. D.
Assistant Professor of Pathology, Indiana University.

The animal organism is constantly exposed to the attacks of pathogenic micro-organisms. If it were not for certain natural or inherit means of protection, extinction of the higher orders would be the ultimate sequence. A constant struggle against the minute invaders must be maintained for self preservation. Invasion of bacteria may take place through many possible avenues into the body. But in the healthy body, certain natural barriers and protective means exist by which the entrance of the bacteria may be successfully combatted. Among these are the skin, mucous membrane, ciliated epithelium, serious exudates with resulting crusts, and certain glandular secretions and excretions, such as the saliva, tears, sweat and mucus, all of which play more or less a mechanical role. On the other hand, there is a class which acts more by their chemical nature; for example, the gastric and pancreatic juices, bile, vaginal secretion, etc. These factors primarily play a very important part in preventing infections. After pathogenic organisms have successfully passed the above mentioned external defenses and have entered the body proper they are met by other antagonistic forces. Foremost of the known agents of this character are the chemical constituents of the body fluid, and, the action of certain ameboid and fixed cells, the so-called phagocytes.

It has been the object of experimental medicine to inquire into the nature of these defensive forces and compile the results obtained in such a way that they may be of clinical value. New facts of highest importance are being discovered each year. Recent work has brought out new phenomena in this particular field which has greatly altered previous ideas. Since the earliest development of the science of bacteriology, various theories have been advanced to explain the defensive power which animals show against infection.

*Read before the joint meeting of the Monroe and Owen County Medical Societies, at Spencer, Ind., October 4, 1906.

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One of the earlier theories—the theory of phagocytosis—was formulated by Metschnikoff. He observed in his biological studies that certain cells throughout the animal kingdom had the property of ingesting foreign bodies and in many cases destroying them. By extending his studies to infectious diseases, he found that the same phenomenon held true—certain cells took up bacteria. From this he concluded that the resistance of an animal to any infectious agent was due in a more or less degree to the phagocytic action of certain specialized cells. In man he recognized as phagocytic cells, two chief types—mobile and fixed. The mobile type includes mono, and poly-nuclear leucocytes (excluding small lymphocytes and "mast cells" of Ehrlich), and certain wandering cells. The fixed type includes endothelial cells, certain cells found in the spleen pulp, and bone marrow, certain connective tissue cells, also certain nerve and muscle cells.

The phagocytic cells, according to Metschnikoff, act in the capacity of either patrols or stationary guards of the body against bacteria. They not only protect in their individual capacity mechanically, but also supply bactericidal substances to the body fluids. This substance aids in the general protective process. It has been observed that the phagocytic cells do not in all cases destroy the bacteria which they engulf. Often the bacteria remain alive and even may overcome and destroy the phagocytic cell. In opposition to the phagocytic theory, another school of workers brought forward the theory that the body fluids contained normally certain antibacterial chemical substances. And, that other substances similar in nature are formed during the course of a disease. To these chemical substances the collective name of Alexins has been applied.

In view of the fact that much experimental evidence was brought forward in favor of the latter view, it gained support from the leading workers in the field, with but few important exceptions. Those endorsing the purely chemical theory claimed that the phagocytes only took up dead bacterial substance which had been killed by the active constituents of the serum—thereby showing no special selective action. Consequently, the phagocytic theory was forced to the back-ground. It was overshadowed to a great extent by the newer work. General interest diminished concerning the importance of the role which the phagocytes played in the protection of the body against infectious diseases. But, within the last three or four years, much of the former interest has been revived, due to the fact that important discoveries have been made in this field. Now it is understood that neither of the two leading theories were entirely correct, nor independent of each other. There are really two great systems of defense combined—the chemical and the phagocytic—each fundamentally dependent upon the function of nutrition in their theoretical conception.

In the past it has been repeatedly observed that the body fluids (plasma and serum) influenced phagocytosis. This was explained by the supposition that substances were present which stimulated the leucocytes and thereby increased phagocytosis. In opposition to this view, Wright and Douglas, two English workers, discovered that normal serum contains a substance, which by acting upon bacteria, cause them to become susceptible to phagocytosis. The name opsonin was applied by them to this newly discovered substance. It was shown that it was necessary for the bacteria to be acted upon or sensitized by the opsonins before the leucocytes would take them up. Only slight phagocytosis takes place when a serum-free suspension of leucocytes in physiological salt solution has been added to a like suspension of untreated bacteria. But in case the bacteria have been treated with normal serum (sensitization by contained opsonin) then freed from serum by repeated washing in physiological salt solution and added to serum free suspension of leucocytes, a marked phagocytosis will take place. This shows that the bacteria and not the leucocytes take up or absorb a particular substance

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from the serum, which causes the phagocytic action.

Opsonins are found normally in the body fluids and are commonly increased during the process of immunizations. They are thermolabile bodies which are destroyed by a temperature of 60 degrees C., also they gradually disappear from serum on standing. Following the discovery of the opsonins, the question arose as to whether the opsonic action was due to an independent substance in the serum or if it were a property of contained antibodies. Quite recently Hektoen has brought forward facts which seem to offer sufficient proof that the opsonins are quite distinct from the recognized antibodies. Apparently, opsonin does not exert a destructive action upon bacteria as in the case of normal alexins, since many organisms grow freely in sera containing opsonin. Also opsonins, not only sensitize bacteria but other cells. It has been shown that erythrocytes are subject to the same influence, and probably the phagocytosis of trypanosomes is dependent on opsonification, according to Hekton. He found that blastomycetes from human lesions were subject to the same process as leucocytes are attracted to these bodies in the presence of normal serum, but this is not true in the absence of serum.

The study of opsonins has an important clinical significance. The subject is being taken up both in this country and abroad, and already many interesting relations to disease have been brought out. In connection with the clinical investigations upon opsonins, a method has been devised by which the relative quantity of opsonin (for specific bacteria, etc.) in a serum can be measured and expressed by a so-called "opsonic index." The data for this opsonic index is derived as follows: Human leucocytes, obtained from defibrinated blood, are washed free from serum by means of physiological salt solution, and then suspended in a definite volume of the solution. Two equal portions are taken from a homogeneous bacterial suspension—one portion is treated with a definite volume of serum from the patient, the other portion with like volume of serum taken from a normal individual. A time limit of about twenty minutes is given in each case for sentitization to take place. Then to each of the serum-bacterial suspensions equal portions of the leucocyte suspensions are added. After the combined mixture of bacteria, serum and leucocytes have stood about thirty minutes at body temperature, films are prepared from each and stained by one of the recognized blood stains. The average number of bacteria in a definite number of leucocytes is estimates in each film. From this, the index is determined by dividing the average phagocytosis of the patient serum by that found in the normal serum used as a control.

From the foregoing statement of facts concerning opsonin and opsonic action, it becomes evident that this class of substances has a practical value when considered from a therapeutical standpoint. It has been pointed out that phagocytosis is an important factor in combatting disease, and, as just shown, this action is more or less dependent on the opsonins in the body fluids—varying relatively as the opsonic content fluctuates. Since we have a method of determining the relative amount of opsonin in clinical cases, it has been applied in numerous instances with interesting results. For example, it has been found that in many chronic conditions, such as tuberculosis, the tuberculo-opsonic index is below that of the healthy individual.

It naturally follows that the most rational method of treatment under such conditions, would consist of attempting to: (a) Increase the number of leucocytes; (b) Raise the opsonic index and thereby stimulate phagocytosis of the specific organism. Leucocytes may be produced artificially by certain chemical agents, but, according to Hektoen and others, the benefit that might arise is questionable, since the agents used may reduce or neutralize the opsonin. The opsonic index may be subnormal; therefore the real point of weakness in many cases. A leucocytosis, to be of real value, must be induced in connection with a high opsonic index. In general, the deficiency lies with the amount of

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opsonin present, not with the number of leucocytes in the circulation. The raising of the opsonic index has been successfully brought about by the use of immune sera, or by means of vaccinations with dead cultures of bacteria. Specific antibacterial sera, for septic and other infections, should not only neutralize those toxins which may be formed, but should contain antileucocidal substances, and opsonins of such power that phagocytosis of the most virulent organisms is brought about. Up to the present time no such serum has been successfully prepared. Hektoen and Ruediger showed, in their studies upon antistreptococcus serum, that the commercial products in general use at that time (1905), possessed a lower opsonic index than normal horse serum for streptococci. Perhaps this was due to the ageing of the sera. In part this might explain the lack of success following the use of antistreptococcic serum in many clinical cases.

So far, greater success has followed the use of vaccine rather than specific sera in this particular method of treatment. Quite early, Wright and Douglas treated certain kinds of the chronic staphylococcus infections of the skin (acne. furunculosis, sycosis) by properly graded doses of dead staphylococcus cultures. They found that the opsonic index was increased, and that the cases ultimately recovered. In the same way they treated localized tuberculosis by means of very small doses of tuberculin. This treatment also has been followed by marked success.

Inasmuch as we are chiefly indebted to Wright for the pioneer work in this field, and the application of the principles of opsonic action to therapeutics, it might be well to briefly mention the essential point observed in his method of treatment by vaccine. In the first place, the opsonic power (resistance) of a patient's serum against the infective organism is determined by parallel estimations upon the serum of normal individuals, as previously outlined. During the course of such examinations, it is found that the resistance of a patient's serum is not constant—it is subject to fluctuation. The injections of the specific vaccine are made while the opsonic action is increasing. The dosage is so graded in amounts and time periods that the resistance is constantly kept, in so far as possible, at a high level. This is the essential point in such treatment, as may be deducted from the previous remarks. In no case should the vaccines be administered during the period of decline in the opsonic power. Such a procedure would lower the patient's general resistance still further, and consequently would prove dangerous.

In the treatment of local infections, as tubercular lesions, Wright not only employs the vaccination method as given above, but also resorts to means which will induce an increased flow of blood to the affected parts. By this procedure extra aid may be given by antibodies carried to the diseased member. It has been suggested that vaccination by Wright's method with dead cultures of the commoner pyogenic organisms might be made in patients previous to their undergoing certain surgical operations, thereby raising the body's resisting power against this class of infections. Undoubtedly some protection might be afforded by treatment of this kind before operation on localized infected areas where all the material cannot be removed, and, where there might be a tendency toward dissemination of the infectious organism. It must be noted here that, normally, a short time after vaccination, the opsonin falls; then follows a gradual rise to a higher index, under properly managed dosage. So, if used in surgical practice, it is necessary to do the vaccination sufficiently early in order that the rise in opsonin takes place before any operative procedure. Otherwise, such vaccination would really lower a patient's resistance.

At the present time much work is being done, both clinically and experimentally, in this particular field of investigation. Although the work is practically in the primary stages, yet much has been accomplished. The future promises greater success as research progresses and the nature of these substances is more fully understood.

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PELVIC TUBERCULOSIS.*

By Dr. Etta Charles, Summitville, Indiana.

The "change of life," like charity, covers a multitude of sins. The belief is traditional that the menapause is not only serious, but a dangerous period. The sturdy woman approaches it with awe-inspiring dread, the nervous woman with the conviction born of constant association with histories of numerous grandmothers' experience, real and fancied, that something must and will happen. As a result they suffer untold agonies from cystocele, rectocele, prolapus uteri prosedentia, irritating discharges, eczema of genitals hernia, hemorrhage and many other diseases before a physician is consulted, believing if only the menapause once safely passed, the millenium for the rest of their earthly career has come. Where child-bearing is carried near the menapause I have known them to bear hemorrhages for years, believing and taking comfort in the belief that they were in no danger of another pregnancy while a bloody discharge flowed from the uterus, laboring under the conviction that it is only the "change of life," and they can guide themselves through that.

Often a physician's advice is sought and though the real condition may be discovered the patient disbelieves or disregards it until it is everlastingly too late. There is only one disease the lay woman fears, and that is cancer. If it is not cancer you may call it by any other name. It is no anxiety or concern of hers, and the fact is the practitioner, either general or surgical, too often looks at a hemorrhagic discharge from the uterus at or after the menapause through a carcinomatous lens.

The history of tuberculosis of the female genitalia dates back to 1744, when Morgagni, making a necropsy on a young woman who had died of tuberculosis peritonitis, found the uterus and both tubes filled with caseous material, the tubes and ovaries were firmly adherent, so it was impossible to separate them, and Morgagni considered the lesions as being the primary focus of the disease.

Similar observations were reported by Louis and Sener, of Geneva, later on. In 1831 Reynand gave a description of uterine tuberculosis found in tuberculous patients. Lesions of the tubes were figured by Cruveilier, and tuberculosis of the uterus described by Kirrisch and Paulsen. Up to this time genital tuberculosis had been considered as a pathological curiosity and of no clinical interest.

Bronardel, in 1865, in a thesis corrected the early information on the subject and gave a good account of the gross pathology. Koch's discovery of the specific germ of tuberculosis aroused fresh interest in the subject, which was increased by Babes finding the tubercle bacilli in the vaginal secretions and by the publication in 1886 of Hegar's exhaustive contribution of the pathogenesis, diagnosis and surgical treatment of the condition.

Genital tuberculosis may be primary or secondary. If primary we understand the focus in the genital apparatus is the only one in the body. People otherwise strong may have genital tuberculosis. The secondary form is frequent in phthisis. Reed says the infection may take place by extension from either a higher or lower part of the genital tract by way of the blood stream or by direct inoculation from without. Hegar defined and differentiated the two forms. The ascending primary and the descending secondary tuberculosis. Whiteacre's declaration that tuberculosis of the cervix and the body of the uterus were independent of each other and tuberculosis of the cervix does not pass above the internal os must be disputed. Kelly says, "Primary tuberculosis of the body of the uterus is rare."

Source of infection: Murphy says, "The most probable source of infection lies in the dust contaminated with sputum from a tuberculous individual. The portal of entry into the genital tract is not always apparent. Cohnheim first suggested in 1883 that coition might be the starting point of the tubercular localization. Murphy cites several cases of his

*Presented to the Madison County Medical Society at its November meeting, 1906.

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own in support of this assertion of wives who were infected by tuberculous husbands. Direct infection may occur from dirty instruments, bed linen, clothing or the patient's fingers or those of midwife or physician.

The search for symptoms of the reference works at hand was not very satisfactory. Some said there was no pain and might be amenorrhea, but the diagnosis must be made from vaginal secretions. Murphy says the symptoms are neither numerous or characteristic. Menstrual disturbances are slight, but too great flow should be suspected in young women. But as the purpose of this paper was to report cases at or after the menapause, the symptoms in young women will be passed over. The treatment is entirely surgical.

Case 1. Married woman, age 53. No tuberculosis in mother's or father's family or immediate family. She was a sister-in-law of a doctor who was tubercular and who lived next door. In April, 1890, this doctor confined her, her first and only confinement. He was very poorly at that time. Four years later (1894) he died. She began to flow too much in 1898, continued nearly a year, but ceased altogether in 1900. Began again in 1902. Just a pinkish flow at first, that gradually deepened in color. She came to me in August, 1903, fearing she had a cancer. There was no pain, soreness or tenderness. Uterus slightly enlarged. Cervix lacerated and eroded. A stain of blood all the time on her napkin. Every 28 days this deepened in color and increased in amount for 8 or 10 days, but only once did it approach the dignity of a hemorrhage. There was no odor. My efforts for a few weeks with boroglycerride tampons and tampons wrung out of alum water, although the latter would check it for four or five days at a time. Failing, I referred her to a surgeon whose success was well known. Instead she went into wrong hands and rapidly grew worse. In July, 1904, Dr. Porter of Fort Wayne made an exploratory incision, found it tubercular, and a mass of adhesions closed the wound without further interference. The patient died four months later. There was no history of pulmonary tuberculosis.

Case 2. Widow, age 56. Passed the menapause 12 years, mother of 6 children, 5 living. One, a son, died of pulmonary tuberculosis June, 1900, at 19 years of age; husband died of heart disease 17 years before. She began to have a show of blood in November, 1903; came to me in February, 1904. Some pelvic pain, with a great sense of weight in the pelvis. The flow of blood came like the menstrual period every 28 to 30 days, lasting 8 to 10 days. General health good. No enlargement of uterus or tenderness of uterus or tubes; bloody discharge; no odor. Cervix eroded but not hardened. I saw her twice after this. No change in her condition. I told her daughter I thought it carcinomatous. She returned to her home town, sought her family physician, who unhesitatingly pronounced it cancerous. He took her to a specialist in surgery of women, who agreed with him in the diagnosis made, and advised a hysterectomy. Refusing this, she came back to her daughter's and patiently awaited the end. Her sufferings were so great that I was called many times to give her relief from pain, but she would never allow the other mentioned. Being in limited circumstances, she began the use of laudanum, and I saw her no more until February, 1905. They called me in to remove a fecal impaction which I did. She was greatly emaciated. I could feel what I supposed to be the enlarged nodular uterus through the rectal wall. It filled the entire pelvis. She said she had not had a good passage from the bowels for three weeks. After this she had a watery diarrhea for a day or two. About the first of April they called me back to again unload the bowel. I removed a handfull of hardened fecal balls; the nodular condition in the pelvis still remained. A watery diarrhea again followed this, and she felt better. May 16 the daughter 'phoned me and said her mother had died in the night, and they wished an autopsy. Upon opening the abdominal cavity I found the intestinal tube from sigmoid to cecum filled with large ovoid fecal balls from

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the size of a large marble to larger than a hen egg; the longest intervening section of gut was ten inches, the circumference of intervening section was about that of the little finger. There were so many of these and so closely packed together that it gave the enlarged nodular character I misinterpreted the uterus. The uterus was unusually small and so broken down and caseous that not a cell could be found. Any place you would pierce it the caseous material would ooze out. The tubes and ovaries were a caseous mass. The lumbar lymphatics were enlarged and caseous. Sections were taken from the uterine body and the lumbar lymphatics. Doris Meister and Dr. Hoppenwroth of Elwood made the microscopical examination and reported the tissues so broken down, not a cell was found but the specimen was swarming with tubercle bacilli. The lungs were not examined, but at no time of her illness was there a cough or any symptom to lead those around her to suspect tuberculosis.

RURAL HYGIENE.*

By Charles L. Botkin, M. D., Farmland, Indiana.

It is not within the scope of this paper to discuss all the hygienic and prophylactic measures used in the prevention of the contagious and infectious diseases but to briefly point out the practical measures necessary for the busy practitioner.

From the view point of hygiene, sanitation and preventive medicine, the methods by which the exciting causes of disease are transmitted are of primary importance. The agents of infection are carried from place to place and from person to person, by air, by water, through the soil, by food, by animals, by objects of all kinds, and in our present state of knowledge some such methods of transmission seem to be unavoidable incidents of civilization and of human intercourse. Nevertheless many of them are preventable, even now, and others may be reduced to a minimum.

While the transmission of bacteria through the air, in ordinary quiet respiration is at the minimum, those speaking the gutteral tongues, and in coughing and sneezing, throw off great numbers of watery particles containing bacteria. Infection may thus be carried by particles of liquid, the air simply serving as a medium through which they are propelled. Tuberculosis, diphtheria, scarlet fever, pneumonia, influenza, measles and plague may thus be transmitted to the physician, nurses and those coming in contact with the infected persons.

The chief infections believed to be transmitted by drinking water are typhoid fever and cholera. Water supplies may be contaminated by fecal matter and urine thrown in close proximity to wells, reservoirs and cisterns into which they may drain. Infected water is frequently used to wash utensils and in this way milk, vegetables, oysters and other foods may be contaminated.

The development, reproduction and dissemination of many of the pathogenic organisms depends chiefly upon certain animals, in or on whose bodies they undergo stages of evolution, multiply, or are merely carried from place to place.

The domestic animals suffer from a number of diseases transmittable to man, and may also convey pathologic organisms without themselves being affected. This may occur in various ways, as follows:

(1) Direct Contact. Most of the human parasitic skin diseases occur in the dog, cat and the horse, and are transmittable by contact to man. These include tinea, favus, pityriasis, versicolor, scabies, roundworm and the tenia echinococcus.

*Read before the meeting of the Eighth District Medical Society, October 19, at Anderson, Indiana.

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(2) Inoculation. The most important disease inoculated by bites of domestic animals is rabies.

(3) Aerial infection.

(4) General contagion.

General prophylaxis and hygiene of

First. Typhoid Fever.—Typhoid or enteric fever is an infectious disease, due to the invasion of the tissues by the bacillus typhosus, discovered by Eberth in 1881. The bacillus does not produce spores, succumbs to a temperature of 60 degrees, C., withstands freezing, and is readily killed by the usual disinfectants.

The mode of infection is nearly always through the alimentary canal. During the disease the bacilli multiply in the intestinal canal and escape from the body in the feces and urine.

The most important measures of special prophylaxis is the disinfection of all discharges from the sick, by the following:

Chlorinated lime, six ounces.

Water q. s. One gal.

One quart of this mixture is added to the discharges, and allowed to stand for two hours, in a closed vessel, and then buried, first covering with chlorinated lime.

Infection through food may be obviated by thorough cooking, the boiling of drinking water and milk, and the exclusion of insects.

All bedding and clothing soiled by the discharges should be disinfected by steam or by immersion in boiling water, or in a 4 per cent. solution of formaldehyde. All food utensils, instruments, etc., used by the patient should be boiled immediately after use.

Second. Gastro-Enteric Infection.—Enterocolitis, cholera infantum, and the allied diseases of childhood are believed to be due chiefly to contaminated milk and water. Contamination usually results during the handling of milk, from dust, dirty hands and pails, the addition of filthy water and imperfect refrigeration. (Pasteurizing and sterilizing of milk are the best means at our command to prevent these diseases). Care of the stables, the inspection of cows, and the precautions to be taken during the handling of milk, must be given, but where there is any doubt as to the directions being rigidly followed, pasteurization and sterilization of milk must be resorted to. After pasteurization or sterilization the milk is to be kept in a covered vessel and upon ice.

Third. Tuberculosis.—P—The bacillus tuberculosis discovered by Koch, 1881, is aerobic, grows best at the temperature of the body and probably does not form spores. It resists drying and freezing, but is killed in a few hours by exposure to the direct rays of the sun; dies in 15 minutes at a temperature of 65 degrees C., and succumbs quickly to the stronger bactericides.

Here then we have our key for fighting this white plague which numbers its victims, one out of every seven deaths.

Inhalation is one of the principal important modes of infection in the pulmonary form of tuberculosis. The air may be contaminated directly by particles of moisture expelled from the respiratory tract of the diseased in coughing, sneezing or speaking or the desiccated sputum may be caught up with the dust. The danger from sputum is obviated by strict attention to the method of disposal. It should not be received in a dry or open vessel, but in one containing water or preferably, an antiseptic solution such as carbolic acid, 1 in 20, and provided with a cover that is raised only when the sputum is deposited, so that flies or other insects may not get in and carry infection. Paper sputum cups may be used and then burned. When the patients walk abroad they should carry pocket sputum flasks, such as Knopf's. Sweeping, dusting, beating of carpets, rugs or furniture in rooms used or occupied by the tuberculous should be prohibited, and the cleaning should be carried out by wet scrubbing, or wiping with cloths moistened with a solution of mercuric chloride. 1:2000. All portions of the house should have frequent and free exposure to sunshine and fresh air. Infected rooms should be treated with formaldehyde.

Fourth. The Acute Exanthemata.—The patient should be placed in a well ven-

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tilated and well lighted plainly furnished room, and isolated from communication with all except those persons necessary for his care. The greatest care should be taken as to the general cleanliness of the patient. The skin should frequently be bathed with a weak alcohol solution (10 per cent.) or other mild disinfectant solution. If there is scaling the particles may be prevented from entering the air by greasing the skin with olive oil, cocoa butter, petrolatum, etc. Sputum and all excreta of the patient should be disinfected by chlorinated lime, carbolic acid or other efficient agents. Sheets, pillow-slips, clothing and other material that may become contaminated should not leave the room until they have been boiled or immersed for at least two hours in some reliable disinfectant solution, such as 5 per cent. carbolic acid or 5 per cent. formaldehyde. Great care should be taken to keep the room free from flies, insects, etc., by screens and other measures. After convalescence, the room should be thoroughly cleansed and fumigated, preferably by formaldehyde, gas, or in case insects or vermin are present, with sulphur dioxide. Great care should be taken by the physician and attendants.

Practical Room Disinfection.—Not until the termination of the disease or the removal of the patient should the disinfection of the sick room and its contents be attempted. The existing methods or room disinfection comprise: 1st. Mechanical treatment. 2nd. Direct application of disinfectant solutions as spray or washes. 3rd. Liberation of gaseous agents; and 4th. Combination of all three.

The bread process devised by Esmarch and the method of treating walls, floors, furniture and clothing by spraying with solutions of mercuric chloride and other agents, while very efficient in some cases, have not given the results hoped for.

The ideal disinfectant would be a gas with no destructive or harmful action on anything but micro-organisms, capable of penetrating materials by which they are hidden, and acting with great quickness. Such an agent, it is safe to say, will never be discovered. Gaseous disinfectants which exert any injurious influences on the objects treated cannot be tolerated, and it happens that this class, which includes chlorine and sulphur dioxide, has been found wanting in efficiency.

Formaldehyde gas approaches more nearly the requirements of the ideal disinfectant than any thus far tried, and is rapidly supplanting all others.

For the attainment of the best results the various articles of furniture should be removed away from the walls, all articles of clothing, blankets and other textiles should be suspended freely on lines, the pockets of clothing turned inside out, and all cracks and other outlets carefully stopped with wet cotton, putty, adhesive paper or other suitable material. Loosely fitting window sashes may be made tight by means of wooden wedges, and the cracks around them properly stuffed. All soiled places on the walls, floors and furniture, possibly due to infective material, should he wet with formalin or sublimate solution.

When the room has been properly prepared, the generation of the gas may be begun. The paraform lamp, the Breslau, the autoclave or similar apparatus may be used. The room is left unopened over night and afterwards thoroughly aired.

This subject of rural hygiene is a very essential one, and I fear is not given enough attention by the general practitioner.

Until the layman thoroughly understands the importance of sanitation much suffering and many lives will be sacrificed.

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SOME ADVANTAGES OF THE KNEE-CHEST POSITION FOR DEEP URETHRAL AND CYSTOSCOPIC EXAMINATIONS.

By Joseph E. Morrow, M. D.
Visiting Genito-Urinary Surgeon to the City Hospital and Dispensary
Indianapolis, Indiana.

That examinations of the deep-urethra and bladder are difficult and the results have not been entirely satisfactory is proven by the number of instruments that have been devised for this purpose.

For deep urethral examination and treatment, I have always preferred the ordinary straight Koch tube. But the bulging of the collapsed bladder into the end of the tube so obscures the view as to make examination of the vesical neck somewhat uncertain and unsatisfactory. When an urethral exploration is made, the urine so fills the end of the tube as to dull the light and cover the surface, and it is only after the use of a number of applicators that a proper view is possible, and if an application is necessary, its effectiveness is much impaired by the presence of urine. To overcome these hindrances the Belfield and Swinburne tubes were devised. In the use of these the view is so limited as to make their use unsatisfactory. To overcome this objection, the air dilating posterior urethroscope was devised. Use proved that air dilatation was possible in a limited number of cases only.

While the use of the cystoscope has proven more satisfactory, it has not been able to meet all of the requirements, and is open to some objections. Notably, in the air dilating instruments; first the delay necessary to free the bladder of urine; second, air dilatation is always painful and to some patients intolerable; third, the window becomes cloudy by moisture and a film of urine frequently forms over the end of the instrument, thus obscuring the view. In instruments intended for water dilatation, their usefulness is impaired or entirely destroyed, where the conditions prevent the complete cleaning of the bladder. Then, too, with neither type of instrument can applications be made readily to the bladder mucosa.

Several months ago, in using the proctoscope, the writer observed how readily the rectum dilated by atmospheric pressure when the patient was placed in the knee-chest position. Assuming from this that the bladder might act similarly, if an examination were undertaken under the same conditions, a patient was placed in the knee-chest position and an ordinary air-dilating cystoscope introduced. When the obturator was withdrawn, the bladder quickly dilated and the view was all that could be desired. While the dilatation was not as much, still the examination was as satisfactory as when the patient is placed in the dorsal position and forced dilatation used. The only suffering involved was that caused by the pressure of the instrument in the deep urethra. Wishing to learn the condition of the prostatic urethra, the cystoscope was withdrawn and a straight Koch tube introduced until its end had entered the bladder. When the obturator was withdrawn the bladder promptly dilated, but the view was limited because of defective illumination, on account of the position of the lamp in the tube. On withdrawing the instrument, a perfect view of the vesical orifice was had. On further withdrawal, a satisfactory examination of the deep urethra was possible, because the portion next to the bladder was moderately dilated and free from urine. In the examination of the remaining portion, conditions were similar to those in the dorsal position.

From the satisfactory results obtained in this case, the writer has given preference to the knee-chest position in all deep urethral and cystoscopic examinations.

By reason of the unobstructed opening in instruments and the free dilatation of the bladder, I have been able to cauterize and successfully treat an ulcer on the

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posterior aspect of the bladder, and to make an incision with the electro-cautery at the posterior part of the vesicle opening. To do the latter operation, in any other position, it would have been necessary to make a perineal section, and use the complicated, expensive air-dilating cautery incisor.

The merit of this method is its simplicity. By reason of the unobstructed access and free dilatation, operations are made easy which have hitherto been possible only by suprapubic or perineal cystotomy.

502-3 Board of Trade Building.

PURIFICATION OF SEWAGE.

A valuable contribution to the literature on the disposal and purification of sewage has just been issued by the United States Geological Survey as Water-Supply and Irrigation Paper No. 185. Investigations on the purification of Boston sewage with a history of the sewage-disposal problem, by C. E. A Winslow and E. B. Phelps. The volume of sewage discharged by modern communities is so large and the character of all kinds of sewage is always so objectionable that the so-called sewage disposal problem becomes, from the economic as well as the sanitary point of view, one of the most serious with which American cities have to deal. It is of vital importance to every community to secure such a disposal of obnoxious sewage as will avoid the creation of any insanitary focus or foci in the environment, or any infringement of the laws of hygiene and sanitation.

The investigations described in this publication were made at the Sanitary Research Laboratory and Sewage Experiment Station of the Massachusetts Institute of Technology under the direction of Prof. William T. Sedgwick. The station at which the work was carried on is situated on the line of the main trunk sewer of the south Metropolitan district of Boston at a point where it contains the sewage of about half a million people. At this station pumps were installed and tanks were constructed for tests of the various methods of sewage purification. The results of this work and the practical conclusions that have been drawn are given in Water Supply Paper No. 185, which may be obtained on application to the director of the United States Geological Survey, Washington, D. C. These results are by no means applicable merely to large cities, but contain lessons of practical value to all communities having to deal with the ever-present sewage disposal problem. The description of the experiments is preceded by a careful and elaborate historical review of the whole sewage disposal problem from its origin in the wide adoption of the water-carriage system up to the present time, when that system has become practically universal. This interesting review cannot fail to be of the highest value to expert engineers, sewage commissioners, and cities all over the United States, especially to those numerous small communities that are confronted, perhaps for the first time, with a problem that means so much for the health as well as the finances of the citizens.

CONFESSIONAL.

One day—I don't know how it was—
I told a horrid fib.
Oh, dear!—I can't imagine why
It came so smooth and glib.

But then I thought and thought and thought;
It hurt me so inside,
I hid my face in mother's lap,
And cried and cried and cried.

And she smoothed back my hair and asked,
"Was what you said quite true?"
And when I sobbed and shook my head
She whispered, "Mother knew."

—Edna Kingsley Wallace in January Lippincott's.

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MY SPECIALIST.

Blanche Bloor Schleppey.

I strolled one day down "Doctors' Row,"
An expert there to find,
Who could my stomach diagnose
And ease my tortured mind.
For my friends had long been saying
That I hadn't long to live,
And what advice I didn't get,
'Twas not worth while to give.
Alarmed at last and desperate,
I sought a Specialist,
And related all my symptoms
In one long appalling list,
The while my Aesculapius
Maintained a serious air,
And eyed me o'er his glasses
With a very learned stare.
He was Hospital Attendant
And consultant on the chest;
And he diagnosed digestion
By the "'Ewald Boas Test."
Then he was an expert Gastro-
Enterologist renowned,
Likewise a skilled Neurologist
And writer most profound.
He sized up my Esophagus
And Alimentary, too,
While by the Gliding method
He mapped me thro' and thro'.
"You've Dynamical Disturbance
And your motor's off the track,
And 'twill take both skill and patience
To correctly put it back.
Your disease is Anatomic
And the Gastric Fluid's lax,
While enfeebled Peristalsis
Does your Nervous System tax.
And perhaps the Stomach Muscle
Has hypertrophied, too,
And Gastroenterostomy
May be in store for you.
Then you have Neurasthenia
And Toxin in the Chyme,
While your Sympathetic Ganglion
Is working overtime.
Your case is complicated
And I think you ought to know
That you'll have to mind instructions
And expect no Placebo."
Then he pocketed my money
And the interview was closed,
And I had the feeble feeling
That I had ben diagnosed.
As he bowed me out, he added,
While he scanned my visage glum,
"Come, Sir, cheer up! Perhaps—who knows—
The worst is yet to come!"

HER LETTER.

It breathes of yellow jasmine blooms,
A sunset garden's faint perfumes—
So well remembered I would dare
To say they floated from her hair.
And once more, in a dream, I press
My lips against a fragrant tress,
A fragrant mouth, a rose-leaf face,
And trusting eyes that bear the trace
Of good-by tears. Ah, heart of mine,
My tears are blotting each dear line!
—Beth Slater Whitson in January Lippincott's.

THE CARE OF THE SKIN.

"A beautiful body presupposes a healthy body, in perfect condition for its use, embracing color, texture, animation and intelligence," says Dr. Anna Galbraith, in the January Delineator. "The adage, 'Beauty is but skin deep,' like many another, is untrue. The beauty of the skin is evidence of good respiration, good digestion, proper excretion by the bowels, skin and kidneys, good condition of the blood, and plenty of out-door exercise.

"The skin is a very delicate and complex organ, and upon its conditions and the vicissitudes to which it is exposed the health is more dependent than upon any other agency in life over which we have control. The skin is not an independent organ; nothing in the body is independent. It is now well known that the skin, as well as other parts of the body, depends for its integrity upon the general nervous system. Disturbance anywhere in the body acts upon the skin; conversely, any disturbance in the skin acts upon the central nervous system."

FILLING A LONG-FELT WANT.

"Give us a national ode!"
The American people cried.
But Teddy's our National Him,
And there's Uncle Psalm, beside.
—E. G. Nedloh in January Lippincott's.

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EDITORIAL.

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} Indianapolis, Indiana.

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Make remittance to Central States Medical Monitor Company.

RECIPROCITY BETWEEN INDIANA AND ILLINOIS HAS ENDED.

We believe it is fair to presume that the members of the medical profession throughout the United States desire that there should be reciprocal relations with every state. It seems very unfortunate that the various boards are unable to decide upon a plan which will receive universal sanction. It would be a waste of time to discuss the question of reciprocity from the fact that all agree that it should exist in some form or other. Now, if the several boards disagree after they have once established reciprocal relations, it will create a sentiment which may be detrimental to state boards in general. The public will not take the time to go into the details in order to ascertain who is right or wrong in the case, but would rather seek an opportunity to condemn state officers and perhaps unjustly. The members of the medical professions with few exceptions do not understand why it is so difficult for the various boards to adopt a plan of reciprocity. We will admit that it may not be difficult to obtain the information and yet those who possibly will cry the loudest are the ones who are ever ready to condemn the rules promulgated by state boards of health or boards of medical registration. I feel very sure that the lack of unity between the boards is a detriment to the medical profession, and the state officers who failed to enter into a compact. It is to be regretted that reciprocity between Indiana and Illinois has been severed.

The men who constitute these two boards are intelligent and good men. The secretary of the Indiana board, Dr. Gott, is a man of good views and especially competent, while our good friend, Dr. Egan of Illinois is the best man, we believe, that the state could have fill the position which he does now. Now, with such men as these we do not understand why matters cannot be amicably adjusted. Just at this time perhaps it would be unwise to do otherwise than give our readers the information which we have obtained from the best authority. The first information I had was published in the monthly bulletin of the Illinois State Board of Health.

It says:

"The reciprocity in medical licenses which has existed since January 1, 1905, between the Indiana State Board of Medical Registration and Examination and the Illinois State Board of Health, is no longer in force.

"On June 20, 1906, the Illinois State Board of Health, by a resolution unanimously adopted, decided to not reciprocate, after January 1, 1907, with any state board which exacted a supplemental examination of an applicant who has

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passed an examination before the Illinois State Board of Health, or required that an applicant for reciprocal registration shall have practiced for at least one year, before he can be considered eligible to registration.

"The Illinois State Board of Health believes in reciprocity in all that the term implies. The Illinois State Board of Health holds that a license issued today is as valid, and entitled to recognition as one issued twelve months ago. Hence the foregoing resolution.

"The resolution adopted was published in the Journal of the American Medical Association of July 7, 1906. The Indiana State Board of Medical Registration and Examination noted the publication of the resolution in the Journal of the American Medical Association, and immediately broke off reciprocal relations with the Illinois State Board of Health, notwithstanding that the resolution did not go into effect for six months. Official notification of the action of the Indiana State Board of Medical Registration and Examination was received by the Illinois State Board of Health on November 17, 1906.

"The reciprocal relations just terminated—officially—have been in force since January 1, 1905. Reciprocity was originally established between the Indiana and Illinois Boards in 1902. In 1903 the Illinois Board learned that the Indiana Board required Illinois licentiates to pass a supplemental examination in the following subjects: Histology, rhinology, ophthalmology, otology, laryngology and dermatology, subjects, which in the opinion of the Illinois State Board of Health, were included in the Illinois examinations. Histology and anatomy, for example.

"Considerable correspondence on the subject was carried on between the two examining and licensing organizations, but as the Indiana Board declined to accept Illinois certificates at their face value, the Illinois State Board of Health, in January, 1904, broke off reciprocal relations with Indiana. Reciprocity was re-established on January 1, 1905, but owing to the decision of the Indiana Board, this reciprocity was effective only in the case of licenses issued since that date.

"From July 1, 1899, to December 31, 1904, the examinations of the Illinois State Board of Health embraced the following subjects: Anatomy, chemistry, gynecology, hygiene, materia medica and therapeutics, medical jurisprudence, obstetrics, pathology and bacteriology, practice of medicine, physiology and surgery; eleven subjects with a total of one hundred and ten questions.

"Under the medical law of Illinois, enacted in 1899, the State Board of Health is clothed with power to determine and fix the number of subjects in which candidates shall be examined, and the number of questions in each subject. The Medical law of Indiana enacted in 1897, and amended in 1899 and 1901, confers similar authority on the State Board of Medical Registration and Examination, with the following exception: The Indiana law specifically provides for an examination 'in materia medica, therapeutics, theory and practice of medicine, surgery, obstetrics and gynecology,' and empowers an applicant for examination, 'to designate the member of the Board who shall conduct his first examination,' in the subjects named."

I have been informed that the American Confederation of Reciprocating, Examining and Licensing Boards adopted the basic rules upon which reciprocity among the states might be established. The standard of educational requirements varied so greatly in the different states that it became necessary for the confederation to formulate some rule which might approximately equalize the varying requirements. After much discussion, it was decided that the rules permitting a supplemental examination in those subjects not covered by applicants desiring license by reciprocity, and coming from states which gave an examination substantially less than the state in which license is sought, would meet lack of uniformity of the different state requirements.

The Indiana State Board of Medical Registration and Examination began doing a reciprocity business in accordance with this supplemental rule. At that

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time the Indiana Board was requiring 75 per cent. of correct answers to 130 questions, and covering four subjects in the examination not listed as being required by the Illinois Board's examination. The Illinois Board at that time was submitting between eighty and ninety questions, something like forty questions less than was being required of Indiana licentiates. In order not to discriminate against her own licentiates Indiana applied the supplemental rule to licentiates of the Illinois Board. The Indiana Board was soon informed by Secretary Egan of the Illinois Board that unless it accepted the licentiates of the Illinois Board without applying the supplemental examination rule, reciprocity would be declared off with Indiana. Soon after this break of reciprocal relations with Illinois, Dr. Webster, president of the Illinois Board of Health, proposed that a list of one hundred questions covering sixteen subjects be adopted by the states composing the reciprocity compact.

The members of the Indiana Board present at the St. Louis meeting of the American Confederation urged the adoption of Dr. Websters suggestion, and it was adopted. Reciprocity in the matter of medical licensure with Illinois was again established the examination requirement in Illinois and Indiana being then substantially the same, and was continued without interruption until about the first of July of the present year.

It seems that during May, 1906, several physicians who held a license from the Indiana Board and who lived near the boundary line of Illinois and Indiana, were threatened with prosecution for stepping upon forbidden ground. I have been informed that Secretary Gott wrote to Dr. Egan of the Illinois Board, in reference to these matters.

Dr. Egan answered by calling attention to the clause in the Indiana Medical Practice act which permitted physicians living along the border to "practice within the state so long as they did not open an office or appoint a place to meet patients," stating that they had no such provision in the Illinois law, therefore Indiana licentiates living on the Illinois border who made it a practice of answering calls within the limits of Illinois would be prosecuted.

We must bear in mind that the framers of the Indiana Medical Practice Act had been mindful of the rights of border physicians and had by specific provision of law provided that due courtesy be extended to border practitioners of neighboring states. Soon after this the Illinois Board passed a resolution to the effect that after January 1, 1907, the Illinois Board would decline to reciprocate with any state employing a supplemental examination or requiring a one year residence as a condition for issuing license by reciprocity.

To the writer Dr. Gott said: The Indiana Board believes in reciprocity in medical licensure, and takes pardonable pride in the part taken by us looking toward solving the question of practical reciprocity. We believe that the one year clause is the best safe-guard to reciprocity yet devised to prevent the itinerant and roving charlatan without any fixed place of residence from obtaining license, hence have insisted upon the rule being complied with by all asking for license by reciprocity in this state. To this the Illinois Board has suddenly taken serious objection.

It does seem strange that if a rule is wrong now why it did not seem objectionable when the agreement to reciprocate with Illinois was made; at that time there was no objection to the one year clause. It is sad that under the guise of granting a special courtesy, the Illinois Board holds an examination one month preceding the graduation exercises at fifteen dollars per person, and that many students taking this examination applied to the Indiana Board for license by reciprocity as soon as a certificate of the Illinois Board was received. In a letter to me from Dr. J. A. Egan, secretary of the Illinois State Board of Health, he says that Indiana's standards are high, but I can readily see that he does not fully indorse the methods by which reciprocity is enforced.

The position taken by the Illinois State Board of Health seems to be as follows in relation to their objections:

Indiana still requires a supplemental

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examination of licentiates of some states. She exacts the one year requirement of licentiates of all states.

Indiana although avowedly a steadfast advocate of interstate reciprocity, speedily availed herself of an opportunity to break off reciprocity with Illinois. Illinois' resolution did not go into effect until January 1, 1907, yet in July, 1906, Indiana broke off reciprocal relations with Illinois, but gave Illinois no notice, confining the information solely to Illinois licentiate applicants for reciprocal registration.

Indiana from 1902 to 1905, examined in anatomy, chemistry, physiology, obstetrics, gynecology, materia medica, therapeutics, practice of medicine, surgery, pathology, bacteriology, hygiene, medical jurisprudence, histology, rhinology, ophthalmology, otology, laryngology and dermatology.

These subjects were selected by the Indiana Board under the power conferred by the law. The law, however, does not demand an examination other than in the following subjects: Materia medica, therapeutics, theory and practice of medicine, surgery, obstetrics and gynecology.

From 1897 to 1902 Indiana examined in the following subjects: Anatomy, physiology, chemistry, gynecology, obstetrics, practice, materia medica and therapeutics, surgery, eight subjects, eighty questions. The Indiana Board increased the number of subjects and questions in 1902.

Illinois from 1899 to 1904 examined in the subjects set forth, but Indiana did not consider Illinois's examination equivalent to hers, hence the requirement of a supplemental examination in histology, rhinology, ophthalmology, otology, laryngology and dermatology, subjects which in nearly all state board examinations are included in other subjects:

On January 1, 1905, the Indiana and Illinois Boards agreed upon a schedule of examination, and reciprocity was established. Illinois desired to let this reciprocity cover all periods since July 1, 1899, but the Indiana Board declined to do this, and demanded that Illinois licentiates prior to January 1, 1905, pass a supplemental examination. In consequence of Indiana's action, the reciprocity established did not antedate January 1, 1905.

I have been informed that there is but one other state in the Union besides Indiana which enforces the one year rule, and Indiana is the only state which exacts a supplemental examination of the licentiates of other reciprocating states. I can fully appreciate that the standard of the Indiana Board is high indeed, and yet there seems to be no good reason why the standard of other boards should not be equally as high. It may be ill advised to pass an opinion upon a subject of this character because a board may have information which if presented to me might change an attitude which I had assumed without it. However, it does seem folly that medical boards are unable to arrive at an amicable and logical adjustment of matters of this kind which will subserve the interests of the public. I have outlined the details of this subject because it is an important one, and it is barely possible that more may be said in the future.

OUR COLLABORATORS AND OTHERS.

Dr. William J. Robinson, the esteemed editor of Critic and Guide, in no uncertain tone, expresses an opinion that it is absurd to have a staff of collaborators. If I understand him correctly reference is made to all because he believes that none of them perform their duty. In part, Dr. Robinson says:

"It is time that the foolish farce which some of our contemporaries are indulging in of printing a false and funny staff of collaborators—who never collaborate—be forthwith abolished. Now, really, isn't it foolish? Some journals carry an imposing array of contributors, who never have and never will contribute a single line to the publication whose title or first reading page they grace. So why fool the people?

"Anyway, do away with your staff of collaborators. The thing is foolish; it is untrue; it is becoming absurd and ridiculous."

I cannot say that Dr. Robinson is entirely wrong in his views, but on the

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other hand it is with much pride that we can say that what he says will not apply to the Central States Medical Monitor. Our staff is as follows:

Byron Robinson, M. D., Chicago, Ill.
Curran Pope, M. D., Louisville, Ky.
John Sexton, M. D., Rushville, Ind.
N. E. Aronstam, M. D., Detroit, Mich.
M. A. Austin, M. D., Anderson, Ind.
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John T. Scott, M. D., Indianapolis.
Walker Schell, M. D., Terre Haute, Ind.
W. H. Link, M. D., Indianapolis.
W. W. Vinnedge, M. D., Lafayette, Ind.

It is true that four out of twenty have not contributed to our columns during the past year, but sixteen hard workers, I am sure is a good record, and moreover I do know that the other four do not deserve censure and have helped us in other directions. I expect to have a full working force during 1907. Our staff in the main has done good work and some have been unusually active. I feel that a large portion of the success of The Monitor has been due to their work. We are thankful for their splendid efforts and earnestly ask for a continuance.

IS MEDICAL ART DECLINING?

Whether the art or science of medicine holds supremacy is a question which many believe has two sides and some believe that they must co-exist in order to make success certain. That men of culture devoid of scientific training patronize quacks is not a surprise, and yet it does seem strange that now and then we find men who are lauded for their high attainments and yet show so little respect for medicine, perhaps we should say scientific medicine. It is to be regretted that there are men of prominence whose judgment is fair in the ordinary avenues of business and their gross ignorance is shown in their attitude toward scientific medicine. The Literary Digest very interestingly touched upon some of these points. It says that the art of medicine, as carefully distinguished from the science of medicine, is falling into abeyance, is asserted by Sir Dyce Duckworth in an address recently delivered in London. His general contention, as deduced from a notice in The Hospital (London, December 2), is that while the sciences on which medicine is based have made astounding progress in the last half century, the art of medicine itself has materially declined and fallen into neglect during the same period. The trouble is, Sir Dyce thinks, that under our present system of education, an undue amount of time is occupied by the study of scientific subjects during what should be a purely medical and surgical curriculum. Says The Hospital:

"Sir Dyce declares that, if pursued too far, or in wrong directions, these studies have little bearing on the student's life work; and adds that, if it be urged that they constitute important elements for his mental training, they should be unnecessary if he has already had a good general education. In support of these views he quotes the 'wise words' of Dr. Spencer, of Bath, who declares that the chemist, the biologist, and the physical-science man must relax their hard grips on the poor medical student, and adds that no clinical and therapeutical education can be too long or too thorough, provided that literary culture and scientific habits of thought are in the background."

The facts that "literary culture" and "scientific habits" are thus linked together for condemnation is regarded by The Hospital as unfortunate, since they have often been shown to be incompatible.

"Men of 'literary culture,' but destitute

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of scientific training, furnish the most conspicuous examples of incapacity to observe accurately and of inability to reason correctly, which we witness every day in the world around us. They are the patrons of quack medicine and of 'anti' societies. They are apt to dogmatize serenely concerning matters of the very elements of which they are profoundly ignorant. * * *

"We are in much sympathy with a great deal that Sir Dyce Duckworth advances, but we can not depart from the conclusion that a sound training in physical science is essential to the power of observing and of reasoning upon phenomena, and that it constitutes the best foundation upon which a future clinical training can be built. We agree with him that, 'with the support of increasing clinical experience, attained by careful observation and an unbiased judgment, we may stand firm amid the strange and varied phases of opinion which prove seductive, each in its turn, to those who have failed to acquire proficiency in our art.' But how are we to teach the art of careful observation? And how is the judgment to be kept 'unbiased,' if it be not by the aid of those mental habits which the pursuit of physical science is eminently calculated to foster and to maintain?"

A NEW CLINICAL METHOD OF DETERMINING BLOOD IN URINE.

One of the methods often used is to separate the albumen by heat and extract from the brown coagulum by alcohol plus sulphuric acid. When the alcohol evaporates Teichman's crystals of hemine may be obtained. The spectroscope may be used.

Another method is to mix the urine with tincture of guaiacum and turpentine. The mixture assumes an indigo blue. One objection is that pus, saliva and salts of iodine also give the blue color. Instead of the turpentine, peroxide of hydrogen may be used or ether and ozonic ether. Common salt and glacial acetic acid may be used to obtain crystals of hemin of the microscope.

In reference to the new method the Journal of A. M. A. says Klimoff announces a new technic in Russky Vrach., No. 16, 1906. The urine to be examined is mixed with any quantity of hydrogen dioxid and then is added a small amount of aloin powder. On shaking the mixture it turns purple. Slightly heating hastens the reaction. If the urine contains pus or is alkaline, the reaction will always be positive, whether there is blood in the urine or not, therefore the urine should be previously made acid by adding some acetic acid. The presence of albumin does not interfere with the reaction, but that of bile pigments does. With these limitations the test is reliable and sensitive.

THE CENTENARY OF ROBERT E. LEE.

On January 19th General Lee would have been one hundred years old.

The following eulogy of General Lee occurs in a paper about him in January Lippincott's Magazine, written by the widow of General Pickett.

"General Lee was noted for his impartiality. Only worthy deeds won recognition from him. He was urged by some of his officers to give his own son command of a brigade, but replied that he could not appoint an untried officer to so important a position.

"He paid no more attention to personal antagonisms than to personal affection in the management of the army. He recommended a certain officer for promotion, despite the fact that friends urged him to withdraw his favor because the officer was in habit of speaking disparagingly of Lee.

" 'The question is not what he thinks of me, but what I think of him,' he said. 'I have a very high opinion of this officer as a soldier, and I shall certainly recommend him for promotion, and do all in my power to secure it.' "

"One of his officers, speaking of the enemy, once remarked: 'I wish those people were all dead.' "

" 'How can you say that?' Lee remonstrated. 'Now, I wish they were all at home attending to their own business, leaving us to attend to ours.' "

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

A CONSIDERATION OF AUTOINTOXICATION AND AUTOINFECTION AS CAUSE OF VARIOUS MENTAL DISORDERS.

L. V. Briggs, (in Boston Medical and Surgical Journal) bases his paper on his own cases and the stated opinion of many men of experience whom he quotes at length. If autointoxication is a definite factor many patients now sent to insane hospitals will be sent in the future to general hospitals for active treatment. Autointoxication from infectious fevers and glandular diseases is recognized as a cause of mental disorders and many of the latter not now associated with infection may be shown to be due to this. We do not know that *folie circulaire* is not caused by a sporuliferous protozoon which divides once in 3, 6, 9, or twelve months, instead of in 1, 2, 3, 4 or more days in the malaria. Among the diseases attributed by various writers to a possible or probable autointoxication are melancholia, epilepsy, general paralysis of the insane, mania, acute delirium and transitory frenzy, nearly all rapidly developing confusional insanities, dementia praecox, neurasthenia, hysteria, etc.

CURRAN POPE.

ADDRESS ON INSANITY.

C. W. Burr (in Medicine) states that psychology is the most backward of the sciences allied to medicine and has thrown almost no light on the nature of mental disease. This is true, because mental disease deals with imponderables, and we even have no fixed criterion of normality of mind. Burr does not believe that intoxication is the cause of all the insanities; at least a few types, as congenital paranoia, are developmental. The source and origin of acquired insanity is to be sought for not in the brain, but in the abdominal and thoracic viscera and in the ductless glands. As to the value of the treatment in insanity, popular opinion and too, much of professional opinion is still absolutely pessimistic. The attitude that cases are incurable and must be sent to an asylum, where, if they do improve, treatment is given no credit, is an attitude that inhibits progress. Much may be accomplished in the prevention of the incurable forms; if the paranoiac child could be watched and perhaps removed from the untoward home environment and training, a great deal of the evil of a bad ancestry could be overcome. The prophylaxis of paresis is moderation. Burr considers at length the folly of our present management of high-grade imbeciles; he believes they should be segregated by the State under conditions in which they would be compelled to work for their own sustenance.

CURRAN POPE.

HYPERACUTE MELANCHOLIA.

Todd (in the Medical News) reported a case with apparent complete recovery after profound stupor for 26 days. The conditions are those of cerebral fiber and cell intoxication and inanition as well. Treatment should consist in overcoming the anema, flushing the convolutions with a better aerated and nutritive laden blood-stream, supplying more phosphorus and fats, eliminating neurin, cholin, and allied toxic debris, as well as fecal and urinous accumulations, the result of melancholic inhibition. Nutritious food, hematics, and stimulants are indicated. Narcotizing and depressing agents are generally baneful. A combination of caffein whiskey and quinin may be given to force the blood into the starved nerve centers. Baths, open air exercise, and when convalescence is progressing, encouragement and light pleasurable mental

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diversion are certainly beneficial in hastening recovery.

CURRAN POPE.

THE LOCAL USE OF STRYCHNIN IN VESICAL AND SEXUAL WEAKNESS.

W. J. Robinson, New York City (Journal A. M. A., December 29), advocates the use of strychnin locally in cases of atony of the bladder and sphincters, showing itself in weakness of micturition, and in sexual weakness as revealed by ejaculatio praecox; both being, as he claims, rather frequent conditions. His method consists in injecting a solution consisting of strychnin sulphate, 1 grain; hydrastin hydrochlorid, 10 grains; in eight ounces of saturated solution of boric acid; one minim of the combination containing 1-400 grain of strychnin and 1-40 grain of hydrastin. He has the patient urinate; washes out the urethra with an antiseptic solution, and then, using a Guyon syringe, with properly sterilized Guyon catheter attached, filled with the strychnin solution, he screws down the piston till a drop appears at the tip, and introduces it into the urethra to the point he wishes to medicate. Then turing the screw he deposits as many drops as desired, each turn of the screw corresponding to one drop. He seldom uses more than four drops, amounting to 1-100 grain of strychnin and 1-10 grain of hydrastin, given once at most twice a week, and with this obtains more definite positive results in these cases than with 1-20 grain of strychnin three times a day for every day of the week. There are moreover, no after effects, such as strychnin may produce when given by the mouth, and which often constitute a decided objection to its use. This is not the only combination employed, he sometimes uses ergotin or adrenalin, or both, with the strychnin instead of hydrastin. No cases have been met in which this treatment is inapplicable. Some patients have a specially sensitive urethra, so that any application may be irritating, and, in such, a local anesthetic occasionally becomes necessary. Robinson does not use cocain in the urethra, having once had a disagreeable experience with it, but uses some of the well known substitutes. In concluding, he pleads for the stomach that it be allowed to exercise its proper function for food and drink and not be punished for sins of other organs, to say nothing of the taxing and irritating of the kidneys and general upsetting of system by oral medication when local treatment will suffice. E.

DIET IN DIABETICS.

M. Einhorn, New York (Journal A. M. A., December 29), reviews the methods of treatment of diabetes mellitus and gives lists of various diets, including that of Seegen in full. The Winternitz milk cure and von Noorden's oatmeal cure are beneficial in suitable cases. Whatever form of diet is employed it is essential to see that it is sufficient and fats (butter, cream, oil and lard) are more important here than in other conditions. Einhorn also recommends alcohol taken moderately, as furnishing a useful fuel element and as enabling more greasy food to be taken than could otherwise be the case. In the condition of hyperchlorhydria complicating diabetes, the diet is the same and the medicinal treatment of the one also favorably influences the other. In achylia gastrica, however, in which animal food is not well borne, the condition is different and a trial of the von Noorden oatmeal treatment would be appropriate. The main point to be observed in this treatment is that more carbohydrates must be given and the condition of the urine must be watched to see how they can be borne. He gives a diet which he has successfully used in some cases of achylia in diabetes. Another class of digestive disturbances are catarrhal affections of the stomach and bowels, and in such cases the treatment must be directly against the acute conditions and the diabetes must be left out of consideration until they are relieved. A bland meager diet is the main thing. When the acute stage is passed we can slowly return to the antidiabetic diet. E.

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NOSE AND EAR SUPPURATION AND FACIAL ERYSIPELAS.

C. F. Welty, San Francisco (Journal A. M. A., December 22), accounts for the special frequency of erysipelas in the face by its nearness to the source of infection in the nose or ear. The pus secretion produces an abrasion of the skin or mucosa and inoculation follows. This may also be conveyed by the handkerchief, or, more frequently, he thinks, by the finger. The reason for the so frequent recurrence of facial erysipelas is, he says, because the infection is always present and is practically never eliminated without operation. When streptococci can be determined in the secretion of the ear or nose it should be considered as as established fact that the erysipelas is dependent on them. The reason why 82 per cent. of facial erysipelas starts from the angle of the nose is thus explained. The reason that erysipelas does not occur in every case in which streptococci exist in the secretions is best given by assuming immunity or modified virulence; not every case of exposure to other infections is followed by the outbreak of the disease. These opinions are supported by the results of the examination of some 60 cases of erysipelas in the City and County Hospitals at San Francisco. Idiopathic facial erysipelas, Welty says, is a misnomer. E.

SPRAINED ANKLE.

In spite of all that may have been written and said about this common conditon, it is the usual thing to hear of some one being laid up several weeks. It is also the common treatment to put the injured ankle in plaster of paris, which is always an uncertain procedure. The Cotterall-Gibney treatment by adhesive plaster dressing is given a careful review by Dr. Crothers of Cincinnati in the Lancet Clinic, and he reports his patients to be disabled for only a few days at most. The principle of treating any sprain is to first, secure repair of the injured soft parts; second removal of the exudate, and third, restore normal function.

The practical part of the treatment of a sprained ankle is given as follows:

1. Shave ankle and leg of all hair.
2. Wash the limb thoroughly.
3. Place the foot and ankle in cold water or massage the swollen parts with the limb elevated to secure an elimination of the parenchymatous exudation.
4. Take a measurement from the malleolus on one side under the foot and half way up the calf. Another from the base of the great toe over the instep, around the heel, back over the instep to the base of the little toe.
5. Cut seven or eight one-inch strips of adhesive plaster of each length.
6. Assuming the outer side of the ankle to be injured, apply the first strap beginning well back on a line with the internal malleolus, run under the foot, over the outer side of the ankle and half way up the leg. The next strap commences at the base of the great toe, crosses over the instep, around the heel and back over the instep to the base of the little toe. The third strap is applied a little in front and overlapping the first, the fourth over the second and the fifth over the third, etc., until the ankle is entirely covered and protected.
7. After the straps are applied, put a gauze bandage over the foot, ankle, and lower leg. The shoe and stocking is applied over this and the patient is instructed to use the limb moderately until restoration of function is complete.
8. The plaster straps are removed about the seventh day and can be reapplied if necessary or the usual case can be dismissed with direction for massage, until all the swelling has dissappeared.

M. A. AUSTIN.

SHOULDER DISLOCATIONS.—NEW METHOD OF REDUCING.

In the November 1906 number of the International Journal of Surgery, Dr. E. C. Chipman of New London, Conn., describes a rational method of reducing recent shoulder dislocations, that is so simple and its principle seems so effective that it should be understood by every practitioner. The method is as follows.

"Stand facing your patient. Gradually raise the dislocated arm to a horizontal position and place it on your shoulder. Direct the patient to pass his well arm

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around your body and under your arm and grasp the wrist of his injured arm with his well hand. Thus the patient encircles your body, the injured arm on your shoulder, the well arm under your opposite arm, the well hand grasping the injured wrist. Now direct the patient to sag downwards."

The weight of the body drags the head of the humerus outwards and upwards and places it where you can easily return it to the glenoid cavity by slight digital manipulation.

M. A. AUSTIN.

HYOSCINE-MORPHINE HYPODERMIC ANESTHESIA.

This method advocated and extensively used by Dr. Emory Lanphear of St. Louis, should be known to more of the fraternity than it seems to be at present. The reviewer has been experimenting with it for some little time and as his knowledge increases the greater benefit and more virtues it seems to possess. While no major operations have been attempted with it yet in emergency work, heavy accidents accompanied by shock, it has been found ideal. It has also been used where chloroform or ether could not be and complete anesthesia resulted with not the least depression afterwards. The hypodermic tablets each contain hyoscine 1-100 grain, morphine 1-4 grain and cactin 1-67 grain, and should be in every emergency and obstetric case. Recent other commentators have found in obstetric work almost total absence of sensation of pain during labor after their use. It does not seem to effect either the strength or frequency of the expelling force of the uterus.

Scopolamine was the first of this series of compounds to be advocated for hypodermic anesthesia, but its many impurities has condemned it as being an unsafe drug to use. Some authorities state that in obstetric work it has a tendency to produce post-partum hemorrhages, a disadvantage that some observers state of chloroform.

Hyoscine and scopolamine are directly antagonized by atropine, and neither should be used with ether, since the combined vaso-motor relaxation and hypersecretion tends to the production of pulmonary edema.

M. A. AUSTIN.

PAINFUL FEET.

In the Lancet Clinic is an article that ought to appeal to those in general practice as well as those in Surgery. Dr. Chas. McClure of Cincinnati differentiates the different painful affections of the feet, giving a short outline of the pathology, diagnosis and treatment of the following conditions. Weak foot, flat foot, contracted foot, metatarsalgia or Morton's disease, irritation exostoses, erythromelalgia, plantar neuralgia, plantar bursitis and the various neuroses.

In regard to the condition known as weak-foot, or pronated foot many consider it an early stage of flat foot. The symptoms of weak-foot and flat foot are nearly identical, but in many cases of the former there is no flattening of the arch. The foot impression may be perfectly normal or exaggerated slightly in the other direction. Flat foot is so often treated for rheumatism that it is an invariable rule with the reviewer to bare the feet and compare their foot tracings and impressions in all cases where the so-called rheumatic pains occur in the leg or ankle. The gait is characteristic, stiff and inelastic; tender points are common. The internal malleolus becomes prominent and over-hangs the sole. The external malleolus is depressed and carried forward. The symptoms vary from simple discomfort to severe pain extending as high as the thigh. Feet are hot, sweat profusely and the veins are enlarged. The treatment for both weak foot and flat foot is the wearing of a proper shoe with a proper support for the arch. Medicinal measures have no effect, save in relieving complicating symptoms.

Contracted foot is the opposite to flat foot. In this condition the arch is found high, the toes are clawed, the planter fascia is contracted and tender and the imprint shows the weight to be entirely carried by the heel and ball of the foot.

Morton's disease or meta-tarsalgia is caused by pressure of the heads of the metatarsal bones on the interosseus

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nerves, producing neuritis. It usually occurs between the third and fourth or fourth and fifth toes. The pain varies from a burning to a severe and constant ache. It is usually produced by the wearing of shoes that are too narrow across the ball of the foot.

Rheumatic and gouty conditions may produce bony degenerations. But they are rare in this country, and usually effect the great toe. They may be associated with bursae or skin callosities. Walking becomes extremely painful and even impossible in the bare feet.

Weir Mitchell has described a condition of pedal congestion which he terms erythromelalgia occurring in neurasthenic women beginning with a pain in the heel, sole or toe. The feet become reddish or purple and on assuming a dependent position the pain becomes intense, but is relieved again when the feet are elevated.

The neuroses or reflected pains are common in connection with various genito urinary conditions. Stricture, calculus, prostatitis, cystitis, stone in the kidney and locomotor ataxia. These are differentiated after first excluding any local cause in the feet.

M. A. AUSTIN.

OCULAR WOUNDS.

Heirs in discussing ocular wounds and their treatment (Charlotte Medical Journal for December 1906) summarizes his article as follows:

1. No eye wound however slight, should be regarded lightly.
2. With lack of care the most trival may become of grave import.
3. Surgical technique is as essential in ocular practice as in major operations.
4. That a wet dressing is preeminently more satisfactory than a dry one.
5. Simplicity of treatment should take precedence over complex methods.

KAHN.

EYESTRAIN HEADACHE.

Emerson (N. Y. Med. Dec. 29, 1906) emphatically concludes his article as follows:

Let me say that while I do not wish to appear over enthusiastic on the subject of eyestrain as a cause of headache nor to advocate ocular examination in all cases of headache, nevertheless I wish to say that eyestrain is more conducive to headache than any other single known cause, and that twenty to twenty-five per cent. of the headaches of the human family are due to eyestrain. In view of this fact it would seem that any physician who fails to consider this factor in a case of persistent headache is as negligent as though he failed to make a proper urinalysis.

KAHN.

ERRORS IN TREATMENT OF CUTANEOUS CANCERS.

Relating to Cutaneous Cancers, Robinson contributed an article to The New York Medical Journal, December 29 1906 which concludes as follows:

1. Every case of cutaneous cancer demands special consideration, special study, and special selective treatment.
2. No one method of treatment of cancer is best or most efficient for all cases of operable cancer.
3. All cases of multiple cutaneous cancer and all aged persons with cutaneous cancer require internal treatment in the form of diet and drugs in addition to local measures. A diet of milk and green vegetables and the avoidance of meats in general and of meats of such organs as liver and kidneys in particular, and the avoidance of alcohols, is advisable in all cases of cancer, whether external or internal. Thyreoid extract should be given in as large doses as can be borne in all cases where there is a senile condition of the skin and in most superficial epitheliomata.
4. A knowledge of the kind of cancer present, the pathological anatomy, and the manner of extension of the disease in general and of the special variety of the case to be treated is necessary to a correct choice of method of treatment.
5. When possible all cases should be under observation at least one year after commencing treatment of any kind, in order to treat promptly any recurrence of the disease.
6. Early diagnosis and correct treatment place cutaneous cancers among

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that class of diseases which do not deserve the name of incurable diseases, as almost without exception they can be treated successfully if the method employed is the correct one.

W. B. RYAN.

THE OPIUM BROMIDE TREATMENT OF EPILEPSY.

Much has been written upon the subject of epilepsy, a large portion of which has been worthless. Kellner suggests the combination of two remedies which has given him success.

The Medical Record of December, 22, 1906, abstracts his method from the Munch. Med. Woch. as follows:

Kellner considers that by combining the use of opium and baths with the bromides better results are obtained in the treatment of epilepsy than by the resort to bromides alone. Out of eighty patients treated according to the plan to be detailed, complete freedom from attacks during a period of from two to six years was obtained in 27.5 per cent., great improvement in 16 per cent., diminution in the frequency and severity of the seizures in 29 per cent., and in the others the treatment was either without effect or had to be abandoned. The treatment is as follows: During the period of fifty days the patient is given three times a day extract of opium, beginning with a dose of 0.05 g. and increased every other day by 0.01 g., so that by the fiftieth day the highest dose of 0.29 g. is reached. On the morning of the fifty-first day a maximum dose of 0.3 g. is given, and this concludes the opium treatment. Bromides are now given as follows: at noon and in the evening of the fifty-first day 2 g. are given of a bromide mixture containing one part each of bromide of potassium and bromide of sodium, and half a part of bromide of ammonium. On the fifty-second and fifty-third days 6 g. of this mixture are given, on the next two days 7 g., on the next two days 8 g., and from the fifty-eighth day on 9 g. during a long period of time. During the opium treatment the patient takes three times a day a tablespoonful of 1 per cent, hydrochloric acid solution, and Carlsbad salt as needed. The third factor in the treatment is the use of baths, which are taken daily during the opium period. On the first day the bath has a temperature of 24 degrees C. and lasts ten minutes, on the second day 23 degrees and lasts 9 minutes, on the third day 22 degrees and lasts 8 minutes, and so on until on the eighth day it has the temperature of 17 degrees and lasts 3 minutes. This is continued until the fifteenth day, and then from the sixteenth to the twenty-third day the bath lasts 4 minutes, from the twenty-fourth to the thirty-first day 5 minutes, and from the thirty-second to the fiftieth day it lasts six minutes. In addition, the usual hygienic regime, comprising abundance of fresh air, suitable physical employment, diet, etc., is insisted on. The author subjects to this treatment only such patients as are physically well enough to stand the opium dosage, and whose mentality is sufficiently well preserved to make a return to the normal condition seem possible.

W. B. RYAN.

NITRITE OF AMYL IN HEMORRHAGE.

In the use of Nitrite of Amyl in hemoptysis and other hemorrhages the Medical Record of December 15, 1906, quotes from the Lancet as follows:

Further experience in the direction suggested by the title has convinced F. Hare of the value of this drug. Several additional cases are reported. Hare has now records of 34 cases of hemoptysis, and in all but one the bleeding ceased immediately upon nitrite of amyl inhalations. The quantity used has been from 3 to 34 minims. He calls special attention to the work of Pic and Petitjean, who have demonstrated experimentally the action of the remedy. Dogs weighing from 15 to 20 kilograms were curalized, part of the chest wall removed, and artificial respiration was performed. Amyl nitrite was then injected into the femoral vein. Within a few seconds white patches commenced to form on the surface of the lung. These steadily extended, then coalesced, so that finally in from two to three minutes all, or nearly all, the lung parenchyma became exsanguine. This extreme effect lasted several minutes, but from seven to ten

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minutes elapsed before the normal rose color returned. It would seem that the vasomotor influence of the drug, at any rate, upon the pulmonary circulation, is more enduring than has been suspected. The hemostatic power of the vascular change was demonstrated by snipping the anemic lung with scissors, when hardly a drop of blood exuded. Pic and Petitjean consider that the drug acts through an active vasoconstriction of the pulmonary system, not less than through vasodilation of the systemic periphery. They state that synchronously with the paling of the lung there is a rise of pressure in the pulmonary artery. Against this conclusion, however, must be placed the clinical fact that amyl nitrite is equally efficient in many hemorrrhages from the systemic vessels. Menorrhagia, apparently from any cause, may, as a rule, be effectually controlled by a single inhalation a day.

W. B. RYAN.

HOW TO EVACUATE THE BLADDER WHEN OBSTRUCTED WITH BLOOD.

Perry in the Charlotte Medical Journal (December 1906) reports various methods which with him proved unsuccessful and concludes his article by describing a method which proved successful. It is as follows:

I affixed a fountain syringe to the catheter with the hope of pushing out the clots but failed, although the bag was held several feet above. I then withdrew the catheter a number of times and finally got the urine to flow through the clots. Now if I had fastened the suction end of a syphon or Davidson syringe to the catheter I feel quite sure the blood could easily have been drawn through the catheter, the urine following, of course.

J. T. SCOTT.

WINTER DIET FOR INFANTS AND CHILDREN.

The Atlanta Journal Record of Medicine, December, 1906, has an exhaustive article upon winter diet and furnishes the following summary:

1. In which there is greater heat production, greater nitrogenous waste, and greater energy expended and more fat stored up.

2. More food is needed and a relatively larger supply of protein and fats; in contrast to summer when more water and carbohydrates are needed.

3. To meet these demands those foods should constitute the main articles of diet which contain more fat than protein and yield more calories per pound, principal among which are butter, breakfast bacon, oatmeal, cornmeal and buckwheat.

J. T. SCOTT.

CURE OF ITCH IN NINETY MINUTES.

Many physicians have treated obstinate cases of itch, perhaps it has been the fault of the physician but mort often that of the patient, however when we find a rapid transit method such as published in the N. Y. Medical Journal, December 29, it should be tested. The treatment is described as follows:

The cure of itch in an hour and a half is said to be attainable by the method practiced by Saboureaud (Bulletin general de therapeutique, November 30, 1906). The patient is first rubbed for half an hour with black soap (green or soft soap); he then takes an alkaline bath for half an hour. After coming out of the bath the entire surface of his body is to be well rubbed with:

R. Oil of verbena
Gum tragacanth, } .....aa 1 part
Precipitated sulphur.....100 parts
Glycerin .....200 parts

To be well mixed.

A final bath is then to be taken, lasting from fifteen to twenty minutes. The clothing and body linen must be disinfected. During the fortnight succeeding this treatment four baths of starch water are given. In case there should be cutaneous irritation, local applications of ointment of zinc are used.

J. T. SCOTT.

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CURRENT CULLINGS FROM A STUDENT'S NOTE BOOK.

By L. E. Cox, '07.

In removing the stitches from an abdominal wound Dr. Sexton holds that the stitches should not be removed when cut because of the liability of infecting the wound and causing the patient pain and some discomfort, but after the stitches are cut the wound should be dressed again with the stitches in place and at the end of two or three days the stitches will have freed themselves from the wound and will be lying free in the dressing when removed.

In acute mania, Dr. Todd recommends the following:

Rx. Sodii Bromidi.....1 ounce
Pepsin.....24 grains
Acidum Hydrochlor. Dil. ½ ounce
Simp. Elixiris.....3 ounces
Misc. Sig:—Teaspoonfull each four hours.

For a tonic, he recommends that one tablespoonfull each of the extract of malt and cod liver oil be taken in one half pint of hot milk four times a day.

For the itching and burning of dermatitis repans Dr. Lindenmuth recommends:

Rx. Acidum Carbolicum.....20 grains
Sol. Acidi Borici.....5 ounces
Misc. Sig:—Apply locally.

In rigidity of the cervix of primiparae during labor, Dr. McAlexander suggests that if the membranes have not ruptured the obstetrician may wait indefinitely for the cervix to dilate. He may aid the cervical dilation by giving hot water douches direct to the cervix and gr. xv. of chloral hydrate each four hours. Should there be great pain give a hypodermic of ¼ grain morphine sulphate and if there be extreme nervousness give ½ grain of codein sulphate.

Dr. Sexton holds that the following land marks are extremely valuable in the topography of the gallbladder and in the diagnosis of gallbladder disease. First, Mayo-Robinson line, this is a line drawn from the right nipple to the umbilicus. Second, the angle formed by the junction of the tenth costal cartilage with the sternum.

For interstitial keratitis Dr. Kahn recommends that Dionin in a five per cent solution, instilled into the eye is invaluable, but inform your patient that the eye will apparently be worse after the first two or three instilations.

In as much as the physician not infrequently entertains some difficulty in getting his luetic patients to take regular and continuous treatment when first diagnosed and before the eruption has occurred, Dr. Moore suggests that the physician wait until the secondary manifestations occur so there can be no doubt in the patient's mind as to his having the disease and for the psychical effect.

Dr. Earp holds that great care should be exercised by the physician to avoid the carrying of erysipelatous infection to your lying-in-women and in the surgical wards by emersing your hands and forearms in a 1-5000 bichloride solution after seeing your case of erysipelas, and that iodine and silver nitrate solution are of no value whatever in preventing the spread of erysipelas to adjacent parts.

Dr. Stevenson defines quinsy as being an inflammation of the peritonsillar tissue or an acute suppurative extratonsillar cellulitis.

Dr. Wells holds that in all injuries to the lumbar spine close attention should be given to the condition of the bowels and bladder.

Dr. Allen defines sacro-iliac disease as being a side step of Potts disease of the spine or coxalgia.

In the after treatment of hemorrhoids where a general anesthetic is required Dr. Wheeler suggests the following: The comfort of the patient is materially increased by keeping all dressing material without the grasp of the sphincter muscles. Irrigating or mopping the cautery stumps are liable to dislodge the serous tissue and start up hemorrhage. A little powdered orthoform may be used to dust over the surface. On the second day after the operation a dose of castor

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oil or cascara should be administered and when the bowels feel like moving three ounces of sweet oil may be injected into the rectum. After the bowels have emptied themselves a pint of boric acid is given to clear away any fecal matter in the operated field. Repeat this daily for the first week followed by cleansing the part and dusting with aristol. The patient may be allowed to set up on the third day and move about the room. Stimulate any sluggish granulations that may be present by local applications, and before discharging your patient as cured assure yourself that there is no further inconvenience to your patient except a slight moisture which soon disappears.

HYPERTROPHY OF UTERINE NECK WITH COMPLICATIONS.

One of those rare, formidable cases of hypertrophy of the uterine neck complicated by pregnancy is reported (Dr. W. F. McBride, Medical Standard, August 1906), which, contrary to the rule, was not discovered until its presence was revealed by labor at full term. In this case the cervix protruded two inches external to the vulva, making the estimated length of the cervix five inches. There was neither metritis or endometritis, simply elongation or hypertrophy of the cervcal uterus only.

The patients in this instance was twenty-seven years old, primipara, wife of a farmer, and the physician did not know of an abnormality until called professionally for the confinement. The clinical history of the patient shows that at the age of sixteen, while liftng a heavy wash boiler she "felt something give way" in the pelvis and immediately the lower portion of the uterus protruded from the vagina. Afterwards her household duties were strenuous. Later she taught a country school three years—seven months each year. One year after marriage labor began, and after twenty-four hours' delivery of a dead child was effected instrumentally under an anesthetic. Eleven stitches were required to mend the external os. On the evening of the second day after labor terminated the patient was, contrary to the physician's order, lifted out of bed for a bowel movement, and thus expired in twenty minutes —from a thrombosis.

This experience took place in a small farm house, with poor light and poor facilities for antiseptic surgery where intimate friends of the patient seriously objected to operative interference.

After discussing the surgical indications in this class of cases the physician in attendance says: "Should the writer ever meet with a similar case nothing would be considered other than a Caeserian Section. The best treatment is prophylactic; no man need tell me that hypertrophy of the cervix is a mark of sterility; and if these cases are seen in time we should profit by experience—amputate the cervix and empty the uterus."

W. W. VINNEDGE.

FROG SKIN FOR GRAFTING PURPOSES.

The use of frog skin for grafting purposes (Mr. George Ranking, The Lancet, November 10, 1906, p. 1304) was advocated for the first time by a German physiologist about the year 1884, in an article dealing with the relationship existing between the cells of the human skin and that of the frog. This writer states that for more than twenty years the frog has furnished him with all the grafts in all cases requiring such treatment. The excellent results to be obtained from the frog skin instead of human skin for grafting is not adequately recognized by the profession.

While serving as surgeon of a British regiment in Baluchistan, an obstinate form of ulcer among the men furnished him ample opportunity for testing the treatment; besides he suffered three years from a chronic ulcer on his own foot, which he cured by this means.

"The ulcerated surface in my case extended over the dorsum of the foot round under both malleoli, and there was only a bridge of skin about two inches in width left at the back of the foot."

He began grafting frog skin in his own person January 15, 1885, having advised with Sir James Paget and Sir William Savory, and in less than six weeks he had a sound covering of skin which has not

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reopened in twenty years. He was so encouraged by the result in his own case that he estimates that he applied the remedy in 300 or 400 similar cases among the soldiers, and with equally gratifying results. Grafting with frog skin as a surgical procedure is so easy and simple, and so entirely unobjectionable that it should replace the use of human skin.

W. W. VINNEDGE.

THE SOILING OF THE LOAF.

Vigorous protests are lodged by writers (The Lancet, November 24, 1906, p. 1471) against the sanitary treatment of bread during its journey from the oven to the consumer. Trays were observed in front of baker shops on the pavement early in the morning where dogs were prowling around. Overloaded hand-carts with baskets full of fresh bread were pushed about the muddy streets, and sometimes loaves were shaken from the baskets into the street, and these were restored to the places from which they fell almost unwiped.

Applying foreign experience to our own social conditions, are we any more certain of a clean bread delivery than our English cousins? Bakers and delivery wagon drivers and grocers and grocer's clerks contract veneral diseases, according to professional experience, as often as other classes. Does not the driver of the bread wagon groom the horses he drives, and if so, is it probable that he can give sufficient time and thought to cleanliness and at the same time do his work and maintain his place? To make sure that bread sold to the public is clean and free from infection of every sort, baker shops and bread handlers should be inspected—in their homes as well as their places of business. Who knows but that his bread is handled by a person having a consumptive wife, sister or mother at home. It is recommended that every loaf or roll should be delivered in oiled paper bags and not be opened until it reaches the table.

W. W. VINNEDGE.

DYSENTERY.

Before a meeting of the Society of Pediatrics, October 16, Paris, M. Ribadeau-Dumas said that he had had under his care two children, aged respectively five and three years, who had arrived from Russia suffering from dysentery. Both had blood-stained mucous stools, the one 30 and the other 65 in the 24 hours. Cultures showed the presence of Shiga's bacillus.

After an unsuccessful trial of various remedies the anti-dysenteric serum of M. Dopter was injected. The number of stools diminished rapidly, and the serum effected a marked improvement. The elder child, however, succumbed to broncho-pneumonia, but the other recovered and left the hospital. At the post-mortem examination on the body of the elder child the typical dysenteric lesions were found.

W. W. VINNEDGE.

BEFORE HER FATHER.

He stood before her father when
The day was at its close,
And in his pocket there and then
He had a withered rose,
A once red rose that she possessed
Ere, yielding to his prayer,
She took it from her gentlebreast
And gave it to his care.

He stood before her father who
Was old and gray and grim;
He longed to speak a word or two,
But words deserted him.
Before her father grim and gray,
Her red rose he forgot
And thrice made up his mind to say
The words he uttered not.

He stood there while her father sat
At ease and saw him cling
With one hand to the soiled strap that
Was not a restful thing;
His feet were sore, his look was sad,
He longed for space to sit,
But lacked the nerve to ask her dad
To move along a bit.

GOOD GUESS.

Tommy Taddells," said the teacher of the grammer class, "what is the feminine of 'vassal'?"

"Vassaline, ma'tm," replied Tommy promptly.

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MEDICAL MISCELLANY.

INDIANAPOLIS MEDICAL SOCIETY.

The following officers were elected at the Indianapolis Medical Society, January 8th:

O. G. Pfaff, President.

A. S. Jaeger, Vice-President.

R. H. Ritter, Secretary and Treasurer.

The Treasurer, Dr. Jno. T. Scott, showed by his report that there was a balance from 1904, $116.84. Collections for 1905, $795.62, making a total of $912.46. The expenses for 1905 were $816.66, leaving a balance in the treasury of $95.80. The office of Treasurer was combined with that of the Secretary, and a vote of thanks was tendered Dr. Scott, who was virtually legislated out of office. The delegates to the State Association are Drs. David Ross and T. B. Noble, and the alternates Drs. Frank Morrison and Charles Cook. The retiring president, Dr. Jno. H. Oliver, delivered an address upon "Epoch Making in Medicine," which commenced with the first practitioner in Virginia and closed with the eminent men of today. He accepted the opportunity to severely censure the Hall of Fame and to pay a happy tribute to the medical men who have achieved greatness.

RANDOLPH MEDICAL SOCIETY.

The Randolph County Medical Society has just passed one of its most successful years. It is making a tremendous fight against life insurance companies' recent cut in fees. A committee will report resolutions at January meeting.

Election of officers for 1907 resulted as follows:

Dr. Edward G. Reynard, President.

Dr. Chas. E. Milligan, Vice President.

Dr. Chas. L. Botkin, Secretary-Treasurer.

Dr. B. S. Hunt, Delegate.

Dr. W. W. Root, Alternate.

1971 VIOLENT DEATHS IN INDIANA.

The total number of violent deaths in the state in the last year was 1,971, according to figures just compiled by Dr. J. N. Hurty, secretary of the state board of health. Of this number, 81 were murders, 297 suicides and 1583 accidents.

The largest number of deaths by violence occupied in the month of July, 208 in all, 188 of which were accidents, or more accidental deaths than during any other month. Fifteen murders last September was the largest number of murders in any one month, and June's record of thirty-five suicides heads the monthly suicide list.

Contagious Diseases in Indianapolis.

The total figures on the number of contagious and infectious diseases for the year 1906 have been compiled in the office of the city board of health. In the three most serious diseases, except smallpox, they show an increase over the figures for 1905.

Last year there were reported to the board of health 425 cases of typhoid fever; scarlet fever, 594; diphtheria, 270; measles, 132; tuberculosis, 57; smallpox, 26. A comparison could be made with 1905 on only three diseases. In 1905 there were 172 cases of diphtheria; 394 of scarlet fever, and 412 of typhoid fever.

ALUMNI BANQUET.

The Alumni of the Medical College of Indiana held an enjoyable banquet at the Claypool hotel December 29.

Dr. Frank Billings, dean of Rush Medical College, Chicago, was the first speaker, his subject being, "Medical Education." A paper on "The Requirements for the Medical Course" was read by Dr. George H. Simmons, of Chicago, James Whitcomb Riley gave a reading.

Senator Beveridge was on the program for an address, but he was not able to get here from Chicago. Dr. H. W. Wiley, government chemist, was not able to be present. Charles R. Williams and President Stone were the other speakers.

DEATH OF MRS. ELIZABETH KELLER.

Mrs. Elizabeth Keller, mother of Dr. Amelia Keller, died January 1, 1907, of

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apoplexy at her residence in this city.

For a number of years Mrs. Keller had made her home with Dr. and Mrs. Eugene Buehler.

She was born at Baden-Baden, Germany, December 26, 1833, and was the widow of Charles Frederick Keller, a well-known newspaper man, who died at Evansville, where he was editing a paper, in December, 1876. Mr. and Mrs. Keller came to this city in 1867, and for several years published the Frei Presse, and afterward edited the Telegraph and Spottvogel, of this city. The family then for a time lived in Cleveland, Cincinnati and Evansville, returning to Indianapolis from Evansville after the death of the father.

She left the following children: Mrs. Ida Gale, Elgin, Ill.; Charles F., Otto, Elizabeth, Conrad and Edward Keller, Mrs. Eugene Buehler, of this city, and Mrs. A. H. Sielken, of Minneapolis, Minn.

INDIANA VILLAGE FOR EPILEPTICS.

In commenting on the village for epileptics to be built near Newcastle, Amos W. Butler, secretary of the Board of State Charities, said that there are 920 epileptics in the state and county institutions of Indiana—367 in the hospitals for the insane, 305 in the School for Feeble-minded Youth, and 248 in the county infirmaries. There are, in addition, a few epileptics in the county jails, of whom no figures are available. The number probably is less than ten.

"Of the whole number of epileptics, 480 are males and 440 females," said Mr. Butler. "Four hundred and twenty-seven are insane, 420 feeble-minded and seventy-three have no marked mental deficiency. Classified by ages, seventy-four are under sixteen years of age, 624 between sixteen and forty-five years, and 222 are forty-five years and over.

"How many epileptics there are in their homes or under the care of friends or relatives, it is impossible at this time to tell. The number probably is several times greater than that cared for at public expense. Their condition is pitiable. In many of the homes they are being retained at a great sacrifice to their relatives and at great injustice to the epileptics themselves, who can have there none of the privileges of life, to say nothing of its enjoyments. In a village peopled by their own class they could get much enjoyment out of life and be, in a way, useful citizens."

JOURNAL OF DERMATOLOGY.

Quite a number of very important changes have been made in the American Journal of Dermatology and Genito-Urinary Diseases. The size of the journal has been enlarged and the number of pages of reading matter has been increased without any change in the subscription price. It is a splendid journal.

THE THERAPEUTIC GAZETTE.

The Medical Age and Medicine, it is said, will be consolidated with the Therapeutic Gazette during January. Drs. Hobart A. Hare and Edwin Martin will edit the consolidated journal. Under their leadership we believe it will be one of the best journals in the United States, and surely it will have no superior in the field of therapeutics.

DEATH OF DR. FERNAND HENROTIN.

Dr. Fernand Henrotin, one of the most widely-known physicians and surgeons in the United States, died at his home in Chicago of heart disease December 9, after an illness of a week.

Dr. Henrotin was surgeon and gynecologist, connected with Alexian Brothers' hospital. In 1897 he was elected president of the Chicago Medical Society. He was a member of the International Gynecological and Obstetric congress, and was prominently identified with many other medical organizations and bodies.

As an author, Dr. Henrotin was well known. He wrote many monographs on gynecological and other medical subjects, and in the former branch of medical science he was a recognized authority.

AMERICAN PHYSIO-THERAPEUTIC ASSOCIATION.

Physicians who are interested in the study and legitimate practice of the physical (drugless) therapeutic methods, notably electro-therapy, photo-therapy,

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mechano-therapy, hydro-therapy, suggestion and dietetics, are invited to join the American Physio-therapeutic Association. Address the secretary, Dr. Otto Juettner, No. 8 W. Ninth St., Cincinnati, Ohio.

The officers for the ensuing year are:

President—Dr. H. H. Roberts, Lexington, Ky.

Secretary—Dr. Otto Juettner, Cincinnati, Ohio.

Treasurer—Dr. Geo. H. Grant, Richmond, Ind.

Executive Council—Drs. W. F. Klein, Lebanon, Pa.; Jas. Hanks, Brashear, Mo.; J. W. Unger, West Point, Miss.; Chas. S. Northen, Talladega, Ala.; R. W. Gibbes, Columbia, S. C.; S. J. Crumbine, Topeka, Kans.; A. L. Blesh, Guthrie, Okla.

THE VOICE OF THE FRIENDLESS CYNIC.

When the proverbial stork hovers over a household but leaves prematurely without lighting, generally something has gone wrong.

The man who makes wild oats history is the kind of a historian whose deeds die with him.

The fellow who comes to your office with a stock proposition which he says will make you rich is trying to get your money to make himself rich.

To sneer at a successful doctor never hampers him. It may wound him but it will not leave a scar.

If heaven is near when the baby smiles then surely another place seems less than a mile away when he yells.

A doctor's reputation does not always depend upon what he says, but upon what he does.

The man who does a wrong to his fellow is necessarily a wrong doer, and if the fellow shows a revengeful spirit he puts himself upon the same level.

An educated conscience is never trustworthy.

Remorse is too often the sting of regret only.

Revenge may be sweet for the moment but only too true it is ultimately a bitter sweet.

Sometimes it is said of a man that he does his best work in his class, but still it may be a very poor class.

A doctor who throws bouquets at himself does it because no one else will undertake the job. It is like a shirt upon a clothes line. Nothing in it.

Mind is the brain's consciousness and impulse a condition before action.

SIN IC.

MOTHER OF DR. OSLER IS ONE HUNDRED YEARS OLD.

On December 14, Mrs. Featherstone Osler was one hundred years old. She is the mother of Dr. William Osler, who is credited with the statement that the end of human usefulness comes at the age of 60 years, and that those who reach that age should no longer burden the world but be put out of the way with chloroform. Mrs. Osler, even at 100, is anything but past her usefulness or a burden, according to her relatives.

The centerpiece of the birthday feast was a huge cake with one hundred candles. The designs in frosting were emblematic of the four British rulers under whom Mrs. Osler has lived. These are Kings George III, William IV, Queen Victoria and Edward VII.

THE MILITARY SURGEON.

The name of the Journal of the Association of Military Surgeons changed with the issue for January to the Military Surgeon, retaining the old name as a subsidiary title. Its career during the past six years has been unusually successful. It was a pioneer in this field and has furnished a large amount of military medical literature. The secretary and editor is Major James Evelyn Pilcher.

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A BEAUTIFUL GREETING.

We are under obligations to our good friends, Dr. Kenneth W. Millican, the editor of the St. Louis Medical Review, and his estimable wife for the prettiest Christmas and New Year's greeting of the season. We reproduce it that our readers may know of its beauty and sentiment.

1906—1907.

With Best Wishes for a Joyous Christmas and a Prosperous New Year, from

Dr. and Mrs. Kenneth W. Millican

to

Dr. Samuel E. Earp.

Christmas once more! How the swift years glide by!
Bring in the blazing Yule log. Close the door
And draw the curtains on the chill blast's roar
And marrying elements. Light up, and vie,
Young folks and old, in Christmas revelry.
Games, stories, dancing, when the feasting's o'er,
(But crafty mistletoe thrills young maidens more).
Attune all hearts to mirth and jollity.

Yet not alone at home, but in the soul,
Kindle the glowing fire of kindliness
Shut out the chilling blasts of self, the stress
Of worldly strife, and then, to crown the whole
A merry Christmas and a glad New Year.
Light up the mind with helpful rays of cheer.

K. W. M.

DEATH OF DR. WM. K. OTIS.

The editor has received from the committee representing the American Urological Association a memorial on the death of Dr. Wm. K. Otis, and takes pleasure in giving it a place in our columns.

"At the regular meeting of the Second Section of the American Urological Association held in New York on Wednesday, October 24, 1906.

"The president, Winfield Ayres, M. D., officially announced the death of the vice-president of the Second Section, William K. Otis, and called for a report by the committee appointed for the purpose, to present a memorial on the Association's bereavement. In presenting the report, a member of the committee said:

"The ties of life-long intimacy which bound most of us to Dr. Otis make his death a subject of grief to each individual. The usual set form of preamble and resolutions, therefore, were deemed inadequate by your committee to express our sorrow. 'Billy's' demise is, to the older members of the Association as if a much loved brother had gone from us. Your committee begs to submit:

William Kelly Otis' earthly career ended on September 22, 1906.

To the members of the American Urological Association, his death is a threefold blow.

Most of us knew him intimately from his childhood; by his decease we lose a consistent friend, a charming companion, a most estimable colleague.

To the science of Urology his death means an irreparable loss. Cut off in the midst of his career, his inventive genius is stopped; the new and useful instruments he was continually devising must now be perfected by other hands. The advances in our work, he can no longer aid in developing.

The American Urological Association loses one of its founders, one of its most active coadjutors, one of its truest adherents.

Our Association shares with the family of William K. Otis, with the profession at large, and with that world in which true manhood is understood and appreciated, that deep grief which the death of so noble a character inspires.

RAMON GUITERAS,
A. ERNEST GALLANT,
FRED C. VALENTINE,
Committee.

"Follen Cabot, M. D., moved, and G. K. Swinburne, M. D., seconded that the re-

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port be accepted and the committee discharged. Carried.

"Augustin H. Goelet, M. D., moved, and George M. Muren, M. D., seconded, that the introductory remarks with which the memorial was presented, together with the memorial, be spread upon the minutes, published in the medical journals, and a copy furnished the family of the deceased. Carried.

"The president appointed Ferd. C. Valentine a committee with full power to execute the behests of the above resolutions."

A true copy from the minutes,
W. S. REYNOLDS, M. D.,
WINFIELD AYRES, M. D., Secretary.
President.

A SLIP OF THE CLERICAL TONGUE.

Some amusement has been occasioned by newspaper reports of a sermon recently preached by a noted clergyman. He was appealing to the people to repose in their pastors the same degree of trust with which they followed the advice of their lawyers and their doctors. "If," he is reported to have said, "you get a prescription from your doctor, you take the medicine trustfully." Then he paraphrased Tennyson's noble lines thus:

Yours not to reason why,
Yours but to do and die.

We are quite sure that the good man did not realize what an interpretation his words might bear.—New York Medical Journal.

This reminds us of the old story of the physician who was called to see a patient and replied:

"Yes, I will come at once. I have another patient in the same neighborhood, and I can kill two birds with one stone."

In this case the interpretation of the words of the doctor might be as unfortunate as those of the clergyman.

To illustrate by quotation is sometimes dangerous.

DR. WELLS DID WELL.

When Dr. Adolph Lorenz was in Chicago the Illinois Board required him to pass an examination for the purpose of obtaining a license because he was holding clinics and treating Mr. Armour's daughter and perhaps others. Some of the friends of Dr. Lorenz were very indignant but the Board said that it was the law and the law must be obeyed; so of course Dr. Lorenz passed the examination.

Dr. George M. Wells, who has been superintendent of several large hospitals under government control, and is now a retired army surgeon, located in Indianapolis and became associate professor of surgery and sanitary science in the State College of Physicians and Surgeons, but he had no license to practice in the state of Indiana, so without a murmur he became one of the large body of men at the Board's last session and it is said that his grade adorned the top of the ladder.

JOHN DRYDEN'S DEPICTION OF SMALLPOX.

At a recent meeting of the Indianapolis History Club Dr. Amelia Keller read a paper on John Dryden and during the discussion which followed a member called attention to Dryden's idea of smallpox which he put in verse in 1649 when a mere boy. A friend had died of the disease and the following is the description given by Dryden:

"Was there no milder way but the smallpox,
The very filthiness of Pandora's box?
So many spots, like naeves, our Venus soil?
One jewel set off with as many a foil?
Blisters with pride swelled, which through his flesh did sprout
Like rosebuds, stuck in the lily-skin about.
Each little pimple had a tear in it,
To wail the fault its rising did commit,
Which rebel-like, with its own lord at strife,
Thus made an insurrection 'gainst his life.
Or were these gems sent to adorn his skin,
The cabinet of a richer soul within?
No comet need foretell his change drew on,
Whose corpse might seem a constellation."

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PERSONALS.

Arthur P. Hitchens, M. D., succeeds J. J. Kinyoun, M. D., as director of the Biological Laboratories of H. K. Mulford Company.

Dr. Hitchens has been connected with the Mulford Biological Laboratories for the past eight years, during the greater period of that time having had personal charge of the preparation of Antitoxins and Curative Sera. He is well qualified to conduct scientific work connected with the production of Antitoxins and Biological Products.

W. F. Elgin, M. D., continues in charge and direction of the Mulford Vaccine Laboratories.

E. D. Reed, M. D., of Ann Arbor, Mich., has been engaged to direct research work, particularly in pharmacology and physiological chemistry.

Dr. Eugene Buehler, secretary of the City Board of Health, has been appointed a member of an important committee of the American Public Health Association. The association recently held its annual meeting in Mexico City, which was attended by Dr. J. N. Hurty, secretary of the State Board of Health, and Dr. Buehler.

Doctor Edmund D. Clark announces that from January 1, 1907, he will limit his practice to Abdominal and General Surgery, Newton Claypool Building.

Doctor A. M. Cole announces that from January 1, 1907, he will limit his practice to Skin Diseases, Electro-Therapeutics and the X-Ray. Newton-Claypool Building.

On the recommendation of Representative Holliday, Dr. W. H. Vansant has been appointed a member of the Pension Examining Board at Brazil in the place of Dr. G. W. Helm.

Dr. W. C. Bronson has been appointed a member of the Pension Examining Board at Auburn in place of Dr. F. W. Fanning. The change was made on the recommendation of Representative Gilhams.

Dr. H. W. Wiley while on a tour of inspection of the Indiana distilleries visited Indianapolis January third.

Dr. G. A. Petersdorf succeeded Mr. Harry Tutewiler as coroner of Marion county, January first.

Dr. Harvey A. Moore and wife spent the holidays in Havana, Cuba.

Dr. R. F. King, of New Ross, Indiana, visited Indianapolis the last week of December. Dr. King will locate in Indianapolis.

Dr. Allison Maxwell toured central Kansas during December.

Dr. E. O. Lindenmuth spent the holidays at his home in Philadelphia.

Dr. E. K. Westhaefer, of Westport, Indiana, visited Indianapolis during the holidays.

Dr. W. F. Blue, formerly of Indianapolis, is physician at the Ottawa tent colony, Ottawa, Ill.

Dr. J. T. Whitson, of Jonesboro, Ind., will locate in Indianapolis and have his office at 36th and Illinois streets.

Dr. J. R. Thrasher attended a family reunion at Grand Rapids, Mich., the latter part of December.

A letter from Dr. Troy Earhart, physician in the canal zone, indicates that he is pleased with that region.

Dr. Zach Laughlin, who left Indianapolis to enter the Indian service, has passed the civil service examination which entitles him to promotion. He is now at Shiprock, New Mexico.

Miss Anna W. Bitner, who graduated from the Training School for Nurses of the Protestant Episcopal church, Philadelphia, as noted in our last issue, has been appointed superintendent of nurses at the Hoffman Hospital, Keyser, W. Va.

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BOOK AND JOURNAL REVIEWS.

A practical treatise on Materia Medica and Therapeutics, with especial reference to the Clinical application of drugs. By John V. Shoemaker, M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association and the British Medical Association; Fellow of the Medical Society of London, etc., etc. Sixth edition. Thoroughly revised. (In Conformity with Latest Revised U. S. Pharmacopoeia, 1905). Royal Octavo, 1244 pages. Extra cloth. Price, $5.00 net. Full sheep. Price, $6.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This is a representative work on Materia Medica and Therapeutics. This statement necessarily means that it is standard in every respect. The arrangement is such that it appeals to both practitioner and student. The text is written in a manner which furnishes full information, yet it can be easily understood. Numerous alterations in nomenclature are made necessary by the new pharmacopoeia and the work has been thoroughly revised. Among the new therapeutic agents considered are the Roentgen-Ray and the Finsen light or Actino therapy, Serum therapy, Animal extracts, Vibro-therapy, and Hydro-therapy. The writer has used Dr. Shoemaker's productions in college work and can give them his unqualified endorsement. This, the sixth edition, I believe, is superior to its predecessors. S. E. E.

Genito-Urinary diseases and Syphilis. By Henry H. Morton, M. D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island and Kings County Hospitals, and the Polhemus Memorial Clinic. Illustrated with 158 Half-tone and Photo-engravings and 7 Full-page Colored Plates. Second edition. Revised and enlarged. Royal octavo, 500 pages. Bound in extra cloth. Price, $4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Progress in genito-urinary surgery has been rapid indeed, and especially in relation to the prostate gland. The conditions due to inflammation have been more carefully studied and there is now a more perfect knowledge of the diagnosis and treatment of diseases of the kidney. Scientific treatment of gonorrhea and syphilis has supplanted empiricism. All of these facts have been recognized by Dr. Morton, the author of this book, and he has furnished an admirable work, which is not only very valuable to the genito-urinary specialist, but the needs of the general practitioner are met also. Lithotomy, prostatectomy, operations on the kidney, castration and Bottini's operation are topics of merit. Renal decapsulation in Bright's disease is treated briefly but is sufficiently plain, dealing in facts only. A feature worthy of mention is the text on differential diagnosis, for instance, bubo and syphilitic adenopathy, chancre and chancroid, and yet there are others of equal value in this treatise. The colored plates are very beautiful and make the text very plain. S. E. E.

Syllabus of lectures on human embryology. An introduction to the study of Obstetrics and Gynaecology for Medical Students and Practitioners; with a Glossary of Embryological Terms.

By Walter Porter Manton, M. D., Professor of Clinical Gynecology and Professor Adjunct of Obstetrics in the Detroit College of Medicine; Fellow of the Zoological Society of London, of the Michigan Academy of Sciences, etc., etc. Third edition. Revised and enlarged. Illustrated with a colored frontispiece and numerous outline drawings. 12mo, 136 pages; interleaved throughout for adding notes. Bound in extra cloth. Price, $1.25, net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia, Pa.

This syllabus is in no wise intended to take the place of the larger text-books,

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but rather to furnish students and practitioners of medicine the principle facts in embryology. This book may be used as a class-room guide and is provided with blank leaves so that a student may take notes of the subjects elaborated by the teacher.

This edition has been revised and a number of new illustrations take the place of the old ones. Section 9 embraces nineteen pages of instruction for practical work, detailing apparatus, material, methods and as a finale, a description of the technic of labeling and construction of a slide cabinet and card catalogue.

S. E. E.

NEW BOOKS BY DR. H. W. WILEY.

Timeliness of interest, aside from any other condition, lends especial importance to the announcement of the early publication of Foods and Their Adulterations, by Harvey W. Wiley, M. D., to be immediately followed by a companion volume, Beverages and Their Adulterations. Dr. Wiley is Chief Chemist to the United States Department of Agriculture at Washington, and his wide researches in the interests of purity in food commodities give anything he might write on the subject an authoritativeness that is unquestioned. The fact that the new National Food and Drugs Law became effective after January 1, and that public interest in it is now at white heat, will no doubt result in quite a demand for both volumes. The books will be generously illustrated from original photographs and drawings.

THE PRACTITIONER'S VISITING LIST, 1907.

Thirty Patients per Week. Philadelphia and New York. Lea Brothers & Co.

Every physician in order to accurately keep an account of his doings in practice should adopt the best means that can be obtained. It is a matter of convenience and economy and will save many a dollar that would otherwise slip away. This can be accomplished by using a visiting list and one that will fulfill any physician's expectations is the issue for 1907, by Lea Brothers & Co. In addition to a description for its use it also contains information concerning dentition, confinement, weights and measures, urine, incompatibles, poisons and very valuable points in medicine and surgery. The table of doses is in accordance with the new United States Pharmacopeia.

S. E. E.

REPRINTS AND PAMPHLETS RECEIVED.

The Female Prostate. An Anatomico-Surgical Study. By Charles E. Barnett, M. D., Fort Wayne, Ind. Reprinted from Annals of Surgery, October, 1906.

Illinois State Board of Health, Monthly Bulletin, November-December, 1906.

Reed Smoot, Report by Mr. Burrows from the Committee on Privileges and Elections, United States Senate.

Bulletin of the Hahnemann Medical College and Hospital of Philadelphia, December, 1906.

The Vienna Clinics by Myron Metzenbaum, B. S., M. D., Cleveland, Ohio. Reprinted from Americal Medicine, September, 1906.

Kezmarsky's Decapitating Ecraseur. By Myron Metzenbaum, B. S., M. D., Cleveland, Ohio.

Ether-Air Anesthesia or the Drop Method for the Administration of Ether. From an Experience of Six Hundred and Fifty Cases. By Byron Metzenbaum, B. S., M. D., Cleveland, Ohio.

Meckel's Diverticulum as a Surgical Factor. By O. S. Runnels, A. M., M. D., Indianapolis, Ind. Reprinted from the Hahnemanian Monthly.

The Surgical Treatment of Epilepsy. By O. S. Runnels, A. M., M. D., Indianapolis, Ind. Reprinted from the Hahnemanian Monthly.

The Facies Sympathetica. By O. S. Runnels, A. M., M. D., Indianapolis.

The Prevention of Tuberculosis by Building Up the Defensive Powers of the Body. By Thos. Bassett Keyes, M. D., Chicago. Reprinted from the Medical Brief.

The Cure of Consumption by Feeding the Patient With Subcutaneous Injections of Oil. By Thos. Bassett Keyes, M. D., Chicago. Reprinted from the Medical Brief.

Three Ureters Demonstrated During Life; Ureter-Catheterization Giving Three

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Different Urines; One Infected With Gonococci. By Bransford Lewis, M. D., St. Louis. Reprinted from the Medical Record.

The Prevention of Venereal Diseases. By Ferd C. Valentine, M. D., and Terry M. Townsend, M. D., New York. Reprinted from the Ohio Sanitary Bulletin

Education in Sexual Subjects by Ferdinand C. Valentine, M. D., New York. Reprinted from the New York Medical Journal.

The American Urological Association. By Ferd. C. Valentine, M. D., New York. Reprinted from The American Journal of Urology.

The Venereal Peril In Its Relation to the State. By Ferd. C. Valentine, M. D., New York. Read before the School for Instruction of Health Officers, Burlington, Vt., July, 1906.

Urethral Dilatations with Expansible Instruments. By Ferd. C. Valentine, M. D., and Terry M. Townsend, M. D. Reprinted from the American Journal of Surgery.

THE VALUE OF REST.

The inability to rest, either at night or by means of short respites from activity during the day, is the beginning, with many women, of a nervous breakdown, and should be heeded as nature's warning that all is not well, and that the routine of life, whether of work or pleasure, must be closely scanned and so changed as to lessen the strain. Hurry and excitement, with constant overstrain, which is working on the nerves, are subtle nerve-wasters, for they consume double the energy required for the mere performance of the given act if it were done reposefully. Moods are to blame for much of this mischief injected into lives; but we should master our moods, not be mastered by them.

The amount of regular sleep required varies with the constitution, age and habits of life; the brain worker, whose drafts on vitality are the largest, needing the most. At least seven to nine hours sleep are needed by all who lead active lives and would keep themselves physically and mentally at the summit of their powers. Physicians agree that woman commonly requires at least an hour's more sleep than man; but also that she bears deprivation of rest better.

This is due, however, to the fact that in crisis which demand wakefulness her sympathies and emotions are commonly involved, and the intensity of her interests keep her alert. Not till the excitement—which in her is an exaltation of spirit holding her to her duty, is passed will she feel the loss of rest, but then she should yield herself to an increased amount of sleep, as should the brain worker after every unusual and prolonged effort.—**Ella Adelia Fletcher** in the January Delineator.

SPECIALIZED SCIENCE.

Three—only three, my darling;
Separate, solemn, slow;
Not like the unskilled shapeless ones
We used to know
When we kissed because we loved each other
Heedless of style or size;
And lavished kisses as the summer
Lavishes flies.

The first of these, my darling,
Is Hobson's. We are told
'Tis calm, correct, and finished
Though somewhat cold.
I kiss thee, dear, in Hobson style;
'Tis meet that we should be
Conversant with the various schools
Of kissery.

The second kiss, my darling,
Is Andrew Carnegie's;
'Tis bountiful and thrilling—
It seems to please.
Observe, then, oh, my darling,
This kiss resemblance bears,
To the rich osculation
Of millionaires.

The last kiss—oh, my darling,
I've had enough of this!
Hereafter I'm contented with
Our same old kiss.

—Carolyn Wells in December Lippincott's

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NURSES DIRECTORY

TO THE physicians of the State we recommend the following nurses as being thoroughly competent and worthy any nursing you may desire done. Call them direct by phone or telegraph or procure any of these nurses by communicating with the Monitor, care of Dr. D. L. Kahn, 323 North Delaware street, Phone New 5900.

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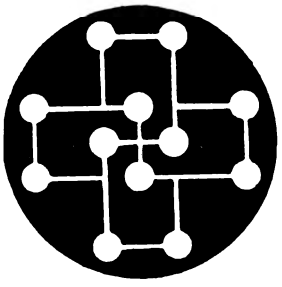

Crude Mechanical Processes

are powerless to aid the digestion of fats. According to Dr. N. S. Davis, Jr., emulsions "made by mechanical processes or by simple suspension of the oil in fluids thickened with gum arabic, sugar, and other viscid substances, do not aid digestion. An emulsion made with pancreatic extract may do so."—*Cohen's Sys. of Physiologic Therapeutics.*

That's why Hydroleine—the pancreatized emulsion of cod-liver oil—is so greatly superior to the ordinary mechanically-formed emulsions. Hydroleine is always digestible. Write for sample and literature. Sold by all druggists.

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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 323 N. Delaware St., Indianapolis, Ind.

For Sale or Rent.—Seven room house; for years occupied as residence and office by physician; excellent location in center of city; all modern conveniences. Address T. C., care Monitor.

The disclosure in the recent past of the fact that many preparations contain opiates or other habit-forming or depressant drugs has no doubt cast suspicion more or less upon all preparations, whether deservedly or not, especially upon those intended for nervous conditions. Neurilla has always been and is now free from "dope" of any kind, and the National Pure Food and Drugs Act should have the effect of reassuring any physician of doubtful mind regarding Neurilla, as we would scarcely guarantee such a statement in the face of the law.

DAD CHEMICAL COMPANY.

A SHEET ANCHOR IN PNEUMONIA.

By S. W. Umstot, M. D., of Hagerstown. Maryland.

Two years ago I began to use Antiphlogistine in the treatment of pneumonia, and it has proved my "sheet anchor" ever since. My custom is to make daily applications, and by using it in this way I am able to hold the disease in check. Antiphlogistine reduces the inflammation without reducing the patient's strength, and owing to its many virtues, is strongly to be recommended as an adjunct in the treatment of pneumonia.

A few cases follow:

Mrs. G.—Was called January 28, 1905. An examination proved lobar pneumonia, in the upper lobe of the right lung. I applied hot Antiphlogistine and the cotton jacket. Next day the patient was doing well. I renewed the dressing daily for four days when it was discontinued, as the necessity for its use had passed away. The recovery was uneventful.

Mr. K.—Was taken ill April 12, 1905, with his second attack of double pneumonia. I at once applied Antiphlogistine and a cotton jacket, and renewed the dressing daily. In two weeks he was sitting up, and he made an uneventful recovery.

Mrs. D.—A woman with a tubercular diathesis, was stricken with pneumonia of the right lung, December 4, 1905. Antiphlogistine and the cotton jacket were used as in the preceding cases. I discontinued my calls in twelve days, after a complete cure.

Mrs. S.—Was called February 22, 1906, and found double lobar pneumonia. Applied Antiphlogistine, hot, then daily until the eighth day, when the crisis was passed. Antiphlogistine was of inestimable assistance in this case.

Mr. A.—Forty-five years old. I first saw the case April 22, 1906, found a double lobar pneumonia with pleurisy of the left pleura. I at once applied Antiphlogistine as hot as could be borne, and used it daily for twelve days. On the sixth day the evening temperature registered 105.8 degrees. The temperature dropped by lysis and he made a good, although slow, recovery.

MALARIAL CACHEXIA.

The cachexia resulting from malaria is often persistent, even after the active cause has been controlled. In such cases, Gray's Glycerine Tonic Compound proves of great service in stimulating the reconstructive powers of the blood. The toxins resulting from the malarial hemolysis are rapidly eliminated, and increased impetus is given to the restoration of normal red blood cells.

THE MANAGEMENT OF CONVALESCENCE.

In convalescence from acute diseases, such as pneumonia, typhoid fever, acute articular rheumatism, etc., we are face to face with the problem of restoring the weakened organism to its normal condition. The blood shows a state of sec-

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ondary anemia, the nutrition is lowered, the nerve and muscular tone is below par; the appetite but sluggishly answers our urging, and the digestive powers feebly respond to the demands made upon them.

It is at the dawn of convalescence, when the danger of the illness itself has passed, when the desire to live, to get strong, is highest in the patient, that the physician's reputation often hangs in the balance. Having brought the patient through an illness, many physicians are unfortunately content to rest on their laurels, and to let long-suffering "Nature" do the rest. The wise practitioner, however, knows that Nature is grateful for the proper kind of aid in these circumstances,—aid in her efforts to lead a weak organism out of the bondage of illness.

And so, the far-seeing physician will look about in his armamentarium for a drug or a combination of drugs which will restore the blood, the nutrition, the digestion, the assimilation, the appetite, the weight, and the powers of resistance of the sufferer to normal, in the quickest possible time.

Fortunately, nature has provided two chemical elements, iron and manganese, which are as necessary to the system as life itself, and which, when given in the proper amounts and in the proper forms, will carry the patient through convalescence to health. In the delicate state of the digestion of a convalescent it is of the utmost importance that the forms of iron and manganese administered be such as to become absorbed and assimilated with the least disturbance of the gastro-intestinal organs. The old-fashioned inorganic preparations of iron which still figure in the Pharmacopœias of various countries are totally unsuited for this purpose.

The scientific researches of Hamburger, Bunge, and others, conducted during the past twenty-five years have shown the immeasurable superiority of the organic compounds of iron and maganese. The organic compounds alone have been found to be absorbable in such amounts as to produce the desired action on the blood. Of these compounds the peptonate, which is an organic-chemical combination of iron and manganese with peptone in a solution, known as Pepto-Mangan (Gude) is the most readily absorbed, and therefore the most efficient preparation of iron-manganese known, and as such is used with the greatest benefit in convalescent anemias.

A point which is frequently lost sight of in considering the treatment of anemia, is the importance of manganese as a constituent of normal blood, and as an element ranking only next to iron in its power of building blood corpuscles and increasing the life-bearing hemoglobin of these cells.

Campani, an Italian savant, as early as 1872, demonstrated that manganese is found in the red blood cells, as well as in the serum of normal blood, and the more recent researches of Lecanu and Lheritier show that manganese forms a constant constituent of the hemoglobin molecule. Furthermore, Zaleski (Zeit schr. f. physiol. Chemie, 1904, page 449) showed that manganese enters the molecule of hemoglobin with the same readiness as does iron, and therefore it has the same direct blood-forming power as iron. But, perhaps the most important fact in connection with manganese, is that once having entered the red cell, it attracts iron to the coloring matter of the blood, as the recent investigations of Benedetti have shown (Boll. Scienc. Mediche, Bologna, June, 1905).

A consideration of the above facts will convince any unbiased physician that the preparation known as Pepto-Mangan (Gude) is made on scientific principles, in accordance with the researches conducted by the foremost physiologists and clinicians within the past quarter of a century. It contains a combination of iron and manganese calculated to secure the highest possible bloodbuilding efficiency without in the least interfering with the digestive functions. On the contrary, Pepto-Mangan is an excellent digestive tonic, it increases the appetite and promotes nutrition. Pepto-Mangan (Gude), therefore offers in convalescence the surest, most agreeable, and most prompt road to perfect health.

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J. D. S., M. D.

"In several cases of tertiary syphilis I have seen marked improvement following the use of Succus Alterans, Lilly, after the usual remedies had been tried without success. I regard it as a valuable antisyphilitic and alterative."

E. M. H., M. D.

REMOVAL OF SYPHILITIC NODES ON TIBIA.

"With Succus Alterans alone I have successfully removed nodes from the tibia. While in its action it accomplishes all that bichloride of mercury and iodide of potassium may do in similar diseases. It is superior in that it may be administered without fear of deleterious effects as frequently follow the unguarded exhibition of mercurials." E. R. L., M. D.

Glyco-Heroin (Smith) is a true solution of heroin in glycerine; each teaspoonful represents one-sixteenth of a grain of heroin, with ammonium hypophosphite, hyoscyamus, white pine bark, balsam of tolu, with glycerine and aromatics. A glance at this formula shows a happy selection of drugs adding to the palliative effect of the heroin and each possessing decided curative properties of its own. It gives the physician an elegant pharmaceutical preparation, strictly ethical in character, a trial of which will satisfy him that it excels any single drug or combination of drugs in the materia medica. Limitation of space prevents an exhaustive consideration of the individual therapeutic virtues of the ingredients mentioned. With the exception of heroin, all are so well known that a very minute detail of their virtues is not necessary. It is important, however, to notice that the value of each seems to be increased tenfold, and the special sedative action intensified in the uniformly exact proportions adhered to by the Martin H. Smith Company in its manufacture. Referring again to the first component and most essential drug in this prescription—heroin—a recent writer says: "Though of recent date, this drug has already evinced its pronounced efficacy as a bronchial and pulmonary sedative, and as an agent facilitating and promoting expectoration."

In the Boston Medical and Surgical Journal (February 22, 1900), Dr. Geis pronounces heroin "an eminently satisfactory agent in loosening and expelling stagnant products from the lungs."

Dr. H. D. Fulton, in the New York Medical Journal, refers to it as a "veritable boon to the consumptive as a palliative in cough."

In the journal of the American Medical Association, Dr. W. Freudenthal states that the "irritable cough in tuberculous patients frequently yields to the administration of heroin, and this occurs in cases in which both morphine and codeine have proved inefficient." The same writer considers it useful also in asthma and pseudo-croup.

W. H. Ambrose, M. D., of Cincinnati, O., reports as follows: "An agent like it, which diminishes the frequency of respiration and increases its force, finds a large field of application in conditions of dyspnea, as in nervous asthma and difficulty of breathing in cases of emphysema, chronic bronchitis and especially phthisis."

Dr. E. R. Mitchell believes "it may be advantageously given in the cough and dyspnea of tuberculosis over a long period of time," while Dr. Morris Manges found it "a valuable aid in the treatment of pneumonia, alleviating the pleuritic stitches and the distressing cough. * * * It acted well in some cases not relieved by codeine.

A number of European authorities might also be quoted, notably Prof. Leo, who speaks of it in a German medical publication as a "specific in affections of

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the bronchi attended with dyspnea and in emphysema."

So much for heroin, with a great deal left unsaid which might be justly stated in its favor. The ammonia hypophosphite and hyoscyamus each speaks for itself. The peculiar virtues of white pine bark in checking night sweats and in allaying all inflammatory conditions of the bronchial mucous membrance, need only to be mentioned to be appreciated. That pleasant and palatable aromatic stimulant, balsam of tolu, together with glycerine, completes the prescription known as Glyco-Heroin (Smith), now so well established by the evidence of experience.

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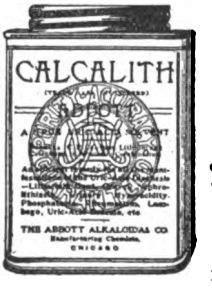

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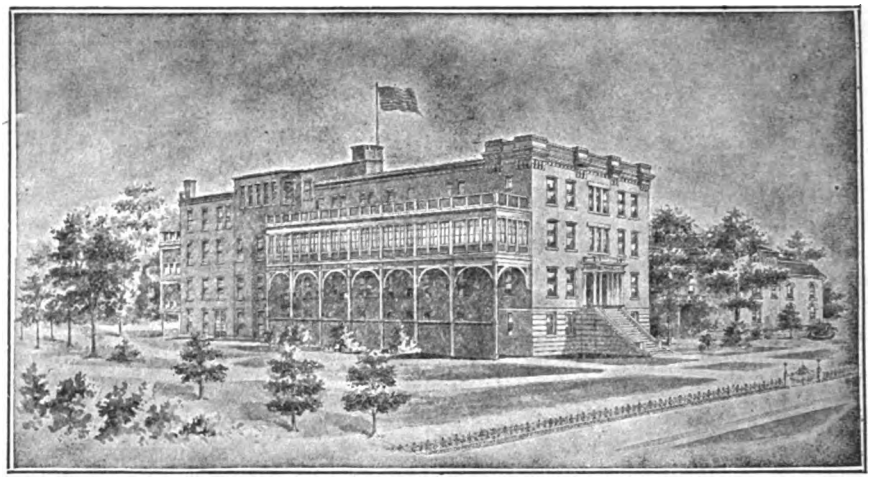

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This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession as a whole. An earnest invitation is extended the Medical Profession of America for contributions. The Editor assumes no responsibility for the views of contributors.

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ORIGINAL COMMUNICATIONS.

THE VARIOUS GROSS PATHOLOGICAL CONDITIONS OF THE URETHRA REVEALED BY THE URETHROSCOPE.*

By Noah E. Aronstam, M. D., Detroit, Mich.

Professor of Dermatology, Michigan College of Medicine and Surgery; Member Wayne County Medical Society, Michigan State Medical Society, Medico-Legal Society (New York), Etc.

The urethroscope is a valuable means in the diagnosis of the various pathological conditions affecting the male urethra. What may seem obscure on a cursory examination, may, with facility, be recognized when the above instrument supplements our investigations. The affections of the urethral canal are not as uniform as was commonly believed heretofore, as a great number of causes may give rise to identical symptoms. Should we fall into the routine of treating the effects instead of the causes, the results will be far from successful.

The rational and appropriate treatment of the different morbid states of the urethra presupposes (1) a knowledge of the technique of urethroscopy, both anterior and posterior; (2) a familiarity with the normal and pathological aspects of the canal, and (3) the particular method of treatment suitable to each individual case.

We distinguish between anterior and posterior urethroscopy. The former constitutes the examination of the anterior urethral segment, i. e., the first six and a half inches of the canal, while the latter is directed towards the exploration of the remaining one inch and a half of the urethral tract.

The following is the technique of urethroscopy, both anterior and posterior:

It is superfluous to say that the urethroscopic tube—the anterior of which is straight, while the posterior is somewhat curved, with a fenestrum in its curve—must be scrupulously clean and thoroughly sterilized in boiling water. After having sufficiently cooled down, it is lubricated with a lubricant, composed of a decoction of Irish Moss, to which a small quantity of some antiseptic agent has been added. The patient is then put in the recumbent posture, the meatus and glans penis cleaned with a

*Read by invitation before the Northern Tri-State Medical Association at Put-in-Bay, Ohio, July 31, 1906.

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of starting the stream, especially in the morning, lack of force in the urinary flow, after dribbling, a feeling of discomfort after urination, as though the bladder had not been completely emptied, pain and sense of weight in the perineum, rectum, and sometimes in the bladder. The above symptoms should always indicate a necessity for thorough examination. The index finger being well annointed is gently introduced into the rectum and the condition of the "prostate and its appendages" carefully noted. If the median notch and posterior commissure be obliterated and the size be increased and some induration present, the chances are that we have to deal with prostatic hypertrophy. But often, after all, the disturbance is induced, not by enlargement into the rectum, but by changes in the urethral aspect. In the connective-tissue form of hypertrophy there is no appreciable enlargement into the rectum. Sometimes a careful examination with a blunt sound will show amount of urethral obstruction. The quantity of residual urine is, really, the best indication of the degree of obstruction. This may be determined by having the patient after he has gone the usual time without voiding urine, empty the bladder as completely as possible, then gently introduce a carefully sterilized soft rubber catheter and note the quantity of urine withdrawn. By means of the catheter any lengthening of the urethra can be detected. Cystoscopic examination will usually demonstrate the amount of enlargement into the bladder. Sometimes, however, by reason of the distortion of the urethra, the introduction of the instrument is not possible, besides, as there is always some reaction following this examination, it must not be attempted unless there be special indication for its employment, and then only after the parts have been accustomed to instrumentation.

Treatment is hygienic, palliative and operative.

Prostatic hygiene.—The condition of the prostatic patient demands that careful attention be paid to protect from exposure to draughts and violent exertion. Care must be taken to protect against sudden chilling, even, if necessary, by changing the clothing with the temperature. The condition of the skin must carefully be looked after. Hot baths and massage will assist in re-establishing and maintaining a good cutaneous circulation. Special care must be taken to keep the feet warm and dry. Patient must be cautioned to give prompt attention to an inclination to void urine. Alcoholics, especially the malt liquors and wines, should be avoided. If the patient be accustomed to stimulation and his condition be such that it is not desirable to withhold it, good whisky or gin are the least objectionable. All stimulating articles of food should be withheld. Sexual excesses must be avoided, and, if moderate indulgence causes irritation, continence is to be demanded. Care should be taken to have daily evacuations of the bowels. Patient should be urged to drink freely of spring or distilled water. The urine should be kept moderately acid.

Palliative treatment.—The indications are, if possible, to reduce the size of the gland and prevent urethral obstruction. The first indication is met by careful, systematic massage of the prostate. By this means the secretions are pressed from the glands, blood pressed from the dilated vessels, the tone of the venous coats improved, and, in addition, the lymphatics are stimulated, with resulting absorption of any inflammatory exudate present. Massage, in order to be effective, must be very gentle, force being increased as tolerance is established. The interval between treatments is determined by a careful study of each case. It is well to begin treatment with a four-day interval and if it should be found that the tenderness is increased, the interval can be lengthened to such time as will show decreasing tenderness and a feeling of comfort as well as a lessened sense of weight. While, in some cases, massage will seem rather to aggravate the trouble, in others it will reduce the size of the gland and greatly improve the condition of the patient.

The obstruction of the urethra can often be corrected and the residual urine caused to disappear by very gentle dilation. It is best to begin with the flexible bougies, and, if treatment is well borne, substitute steel sounds. Interval

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between dilation is made from three to seven days as determined by tolerance. After each dilation the deep urethra should be injected with a drachm of four per cent solution of nargol, or a one per cent solution of silver nitrate. When the residual urine does not exceed two ounces regular catheterization is not advisable; but if it amount to two to four ounces it will be necessary to use the catheter once a day, preferably at bedtime, for this will lessen the frequency of urination during the night; besides irritation with resulting congestion kept up by retained urine more than counteracts the influence of sounds and astringents. Retained urine amounting to four or six ounces will cause frequent urination during the day and requires the use of the catheter on rising in the morning and at bedtime. For an amount greater than this, three or more catheterizations a day are necessary to control symptoms. While it is possible by regular, systematic catheterization to reduce greatly, or cause residuum to disappear, this can not be accomplished by too frequent use of the catheter. The bladder must be emptied only with sufficient frequency to control symptoms. Usually catheterization on rising, at bedtime and half way between those times will be the best intervals. Essentials to successful results are cleanliness, gentleness and system. The bladder should be irrigated once a day with a hot, four per cent solution of boric acid. Administration of urinary antiseptics should be begun with the use of the catheter and continued until there can be no doubt that tolerance to instrumentation has been established. In a large percentage of cases the effect of this treatment will be a reduction in the size of the gland, lessened frequency of urination and disappearance of residual urine. From results obtained, there is reason to believe that, in some cases, where there has been an early diagnosis, the relief will be permanent. In others the symptoms will return after a variable period and treatment will again be necessary; but so long as this method of treatment affords relief, it should be carried out whenever relapses occur.

If patient is seen for the first time while suffering from acute retention, it is well to remember that intense congestion, which is causing the obstruction, renders the patient peculiarly liable to traumatism and infection. For this reason an earnest effort should be made to relieve the distention without resorting to the catheter. To this end a full dose of morphine and atropine should be given hypodermically. A hot sitz bath and rectal injections of hot water given and the patient put in bed and warmly covered. As a result of this treatment the bladder will frequently empty itself. If these palliative measures fail, catheterization with strict antiseptic precautions may be attempted. Before undertaking to pass a catheter a half-drachm of a 1 to 1,000 adrenalin solution, containing two grains of cocaine should be injected into the deep urethra. Then a sterile soft-rubber catheter of a size that will comfortably fill the urethra should be well lubricated with a sterile lubricant (kept in a collapsable tube) and an attempt made to enter the bladder. If failure attend this effort, a soft rubber Coude catheter should be tried. Frequently the sharp bend near the point will enable it to pass readily over the obstruction and surprise is felt on account of the ease with which the bladder is entered. If this attempt is not successful, then the woven silk catheter with the Coude bend should be substituted and another effort made. If this fail, the double Coude instrument of woven silk should be tried. Failing with this, a silver catheter with a prostatic curve, or an English catheter with a stylet should be used. The objection to the silver catheter is its rigidity and that the degree of curvature can not readily be changed. To overcome the latter objection it has been suggested to have several instruments with different curves. The readiness with which it can be bent, and its moderate flexibility should cause the English catheter to be preferred. An important thing to be considered when a rigid instrument is to be used is that the opening will always be found along the roof of the urethra, hence the catheter should be so bent that during its manipulation the point of the instrument can be made to glide along this portion of the urethra. For this purpose I use a long Benique curve, with the end curved near the eye.

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Due consideration being given to these suggestions, it is very rare that failure to enter the bladder will occur. The greatest gentleness should characterize all manipulations, since even a slight abrasion may afford an opening for an infection so serious in character as to terminate in death. If difficulty attend its introduction, it is better to tie the rubber or woven catheter in position. The precaution should always be taken to allow the penis to rest on the pubic bone, otherwise, ulceration of the urethra may occur at the peno-scrotal junction. The urine is to be led by rubber tubing into a *clean* urinal containing a small amount of a five per cent solution of carbolic acid. The catheter may, if it does not cause pain, be allowed to remain for two or three days. Pain will generally be prevented if the eye of the catheter be near the point and the end of the instrument extend just within the vesical orifice.

The permanently retained catheter often relieves obstruction by straightening the urethra and the continuous draining away of the urine by relieving conjestion often induces marked diminution in the size of the gland.

As the length of this paper has already exceeded intended limits, treatment of infected cases will be deferred to a subsequent paper.

501, 502, 503 Board of Trade.

SCARLATINA.*

By G. D. Lind, M. D., New Richmond, W. Va.

History and Distribution.—Sydenham late in the 17th century first assigned this disease a place on the acute exanthemata, although it had been described quite accurately by the earliest observers. As late as 1875, Gerhart questioned its genuineness as a distinct disease. Egypt, India, Burmah, Ceylon and Japan are for some unknown reason free from it in an epidemic form. It is uncommon as an epidemic in Australia. It is quite common in almost every other part of the world.

Definition.—Scarlatina, or as it is more commonly known, scarlet fever, is an acute, specific, highly contagious and infectious disease characterized by the suddenness of its onset, headache, sore throat, nausea and vomiting, rapid pulse, rapid rise of temperature, generally fol lowed by an erythematous rash or eruption which is followed by desquamation. It is further marked frequently by enlargements of the lymphatic glands and the tendency to abscess about the head and face with frequent paralysis and kidney disease. One attack usually confers immunity but instances of a second and even of a third attack have been known.

Diagnosis.—Like almost every other disease, every one of these characteristic symptoms in turn may be absent or so slight as to escape attention and none of the sequelae or complications may occur. Hence, the great difficulty in diagnosis in many cases. Its resemblance at certain stages to tonsillitis and to diphtheria make it the more difficult, especially when we consider the fact that these diseases may occur simultaneously with it in the same patient or in the same family. I suppose there is not a physician of ten years experience in the country who has not made mistakes in diagnosing this disease. I confess that I have been mistaken several times.

The differential diagnosis may best be made out by a study of the various types of the disease. Most of the older writers recognize three distinct types, or degrees rather: S. simplex, S. anginosa, S. maligna, but the distinction is not easily made out, there being no sharp differentiation, for we find an almost endless variety of forms ranging from the mildest to the most severe. Corlett classified the disease as follows: 1 simple, 2 septic, 3 toxic, to which he adds a fourth group in which he included the anomalous cases which may be regarded as the

*Paper read at Fayette County, West Virginia, Medical Society.

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most important because so difficult of recognition.

Authors differ as to the length of the period of incubation. It seems to be a difficult matter to ascertain, so great are the variations. Some cases seem to develop in a few hours, others not for twenty days after exposure. The usual time is from four to seven days. Certain conditions, as the existence of a wound shortens the period of incubation. Exposure during confinement or the puerperium shortens the period and increases the susceptibility. The milder the epidemic, the longer the period according to some authorities.

The patient complains of headache, nausea, children generally vomiting, adults nauseated only, pain or tickling sensation in the throat, which, when examined, shows much redness. There is a rapid pulse and a rise of temperature. Sometimes a chilly sensation or an actual chill; in young children there may be convulsions and in a few cases severe diarrhea, rarely there is syncope, or epileptiform seizures. The submaxillary lymphatic glands are swollen and slight tenderness on palpation. The tongue has a grayish white fur with the edges and tip red, the papillae soon becoming prominent, the so-called "strawberry tongue" or "katzenzunge" of the Germans. Many cases will show a remarkable scarlet redness of the lips and inside of the mouth.

The eruption appears in from 24 to 48 hours. One case that I recall, I found a very sore throat on first visit, next day there was an exudate on the tonsils and much swelling with a temperature of 104. I diagnosed diphtheria, there being no eruption and no scarlet fever in the neighborhood. Went away to get antitoxin, returned at midnight, and in baring the shoulders to inject the antitoxin, discovered by the kerosene lamp without a chimney, an eruption. This proved a typical case with the exception of the exudate on tonsils and the retarded eruption. There were seven children in the family all occupying the same room, and yet there was only one other case which was perfectly typical. On inquiry I found that a young man had slept in the house four days before, who had been with the family twenty miles distant, who had scarlatina. Another strange fact is that two years after this another child took the disease in this family five days after the mother had "laid out" the corpse of a neighbor child who died of the malignant form of the disease. This case illustrates the dangers of infection by clothing as well as carelessness of people in regard to the disease.

On the evening of the second or third day the eruption has reached its maximum, where it remains from one to three days or longer in exceptional cases. There is a certain degree of remittancy in the intensity of the eruption, being more pronounced in the morning. With the appearance of the rash, the mucous membrane of the mouth becomes more reddened, pain on swallowing is greater, pain extending upwards towards the ears. The tongue loses its white coat, becomes brilliantly red with elevated papillae, the strawberry tongue is generally well pronounced. The skin is hot and dry, and many complain of a burning sensation. The urine is scanty and high colored and contains albumen. From the second to fourth day the eruption fades; in some mild cases earlier and all the symptoms diminish. Desquamation commences, and by the seventh to ninth day convalescence is well established, and if no sequelae occur recovery rapidly follows. But the mildest cases may have the most dreadful complications, and after effects.

So long as a single bit of epidermis remains, the patient is a source of infection. Says Tyson, "It is especially difficult to dislodge from organized substances, such as bedding, clothing or straw, letters and books, and the disease has been communicated to newcomers even after an infected apartment has been thoroughly cleaned and fumigated with sulphur."

I know a case where a parent who had nursed four children through the disease, then four months after the house had been fumigated and cleaned, he visited another family four miles away and conveyed the disease to this family, at least no other source of contagion could be traced.

The septic type is characterized by the severity of the initial symptoms, the high

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continued fever and the greater involvment of the pharynx and tonsils. An exudate may appear on the tonsils, which appearance often leads to a diagnosis of diphtheria when seen before the eruption, after it has faded or when the eruption is not noticeable. Many cases prove fatal either from the overwhelming toxemia or from some complications.

The toxic or malignant type of the disease is fortunately rare, said to occur in about two per cent of all cases. There is a great abruptness of onset, overwhelming toxemia, excessive temperature, cerebral disturbance and tendency to hemorrhages.

Of the irregular forms of the disease, the most important is scarlatina sine exanthemata, because the absence of the eruption so frequently leads to a wrong diagnosis. There are many physicians who do not know that there can be scarlet fever without eruption. Tyson makes no mention of these cases, but hints that such may exist in these words: "In absence of the eruption in a distinctive form it is sometimes impossible to aver the presence of the disease," and adds that if there is any doubt concerning the eruption close watching will discover the branny scales beneath the clothing. My reliance in such cases is the appearance of the tongue, lips and the inside of the mouth, together with the suddenness of the onset. I have in mind an instance where I was called in to see a boy with a sore throat. I could discover no evidence of diphtheria and the nausea and headache with the peculiar red tonsils and lips led me to pronounce it scarlet fever. The child got well rapidly, but developed swollen tonsils as an after effect. Another doctor was called in who pronounced it tonsillitis. This child "pealed off," they said, and a neighbor woman, who handled the child during this stage, conveyed scarlet fever to her children from whom another family was infected, one of the latter dying from a malignant form of the disease.

Scarlatina sine febre is another one of the peculiar forms of the disease. Every symptom in a mild form except the elevation of temperature may be present. Of course there is probably a slight elevation lasting for a short time, but as such cases are rarely seen by the physician at the proper time we cannot determine the question.

There is no specific treatment except for the after effects, which are really separate diseases. Very little treatment is need in most cases. As the disease is strictly a toxemic one, and we have not yet discovered an antitoxin for it, all outlets of the system should be kept open. Saline purges and plenty of water and some mild diuretics will lessen the dangers of nephritis. Ice bags to the throat and bathing the skin with tepid water will afford relief in severe cases. Antiseptic mouth and throat washes and cleansing the nostrils with gauze dipped in some mild antiseptic solution. Potassium permanganate is good.

I would urge on the general practitioner the importance of early and correct diagnosis so that isolation, quarantine and disinfection may be carried out in time. The trouble will still lie with the laity. Many people cannot see that in a disease so mild that the patient need not take his bed or be confined to the house may yet be capable of producing the same disease in another which will prove fatal. But the physician must be a teacher.

THE DEACON'S INDISCRETION.

The deacon called in at the smithy for the chain which the blacksmith had been welding together. Seeing the chain on the floor, the deacon lifted it, and, finding it red-hot, dropped it with an explosive "H—l!" then, recovering himself, hastily said, "I like to have said."—February Lippincott's.

TO PREVENT A FLOOD.

A well-known Philadelphia rector, having a parishioner of great fluency of speech and also somewhat addicted to profanity, considered it his duty to talk to the man about his fault. The man listened for a while respectfully, and then replied seriously: "I know it is a bad habit, but, you see, my words flow so rapidly that I have to throw in a 'dam' now and then to prevent a flood."—February Lippincott's.

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THE OLD AND THE NEW SEPSIS AND ANTISEPSIS.

By John E. Lockridge, A. M., M. D., Indianapolis, Ind.

The history of the science and art of medicine might be very properly divided into two great periods; the first from the time of Hippocrates down to the discovery and establishment of the germ theory as to the etiology and promulgation of most diseases; and the second from the date of that important discovery to the present time or for about the past quarter of a century. It is true that during the first dark ages period there were many schisms or cults as to pathology and therapeutics, such as the "humoral pathologists" and "solidists," the "Boanerges" and "expectants," and the "polypharmacists" and "nihilists;" but since the establishment of the germ theory of disease we seem to have arrived at a basis of pathology upon which all, or nearly all now stand; and on which we can in a great measure base our therapeutics.

I assume that it is the sense of the profession that all mucous, serous and synovial membranes are much more vulnerable to the inroads of noxious germs than the rest of the tissues of the body; or in other words, to refer to the embryo, those organs and tissues developed from the internal layer of the blastoderma are much more liable to infection, and the results much more disastrous than an infection of those parts evolved from the external blastodermic layer. In the former case, where a chance of infection has been afforded, escape from it is the exception; whereas in the latter case infection is the exception, all other things being equal. Therefore, while it is recognized as being proper to take reasonable aseptic precautions in the management of all wounds, yet the surgeon bearing in mind this difference when about to invade the mucous and serous regions observes aseptic precautions almost to the limit of time and patience.

The object of this crude paper is to call to mind in a reminiscent way a few incidents, or tragedies perhaps, showing our methods in the management of wounds and operations during the septic period; and while a retrospect of this sort can only engender in the minds of those who have been in the harness four or five decades feelings of regret for the past, and thankfulness for the present opportunities; yet to those who have come upon the stage during the last two decades it may afford some little interest and astonishment.

A little over thirty years ago a farmer in the Shenandoah valley of Virginia studied long and assiduously to invent perpetual motion, but finally the wheels flew out of his hands into his head, and the result was an attack of acute homicidal mania, during which he proceeded to chop his family to pieces in the most savage manner with a common woodman's axe. About 4 o'clock in the morning he commenced his deadly work all of a sudden. In his wife's case he cut a chip out of the parietal bone about four inches square, raising it perpendicular to the cranium like a window in the roof of an old fashioned house, laying bare the dura mater the full extent; and with the poll of the axe he mashed into fragments the malar bone and malar process of the sub-maxillary bone. In his daughter's case he drove the bit of the axe down to the occipital bone and with the poll broke one of her clavicles. He also cut off the ear of a grandchild and made some other minor wounds through the thick bed covering. Dr. James T. Clarke, the family physician, an excellent practitioner, had preceded me to the country and had taken charge of the cases when I arrived. We worked together, beginning at the worst, without any aseptic precaution whatever. In the wife's case we patched up the shattered malar bone as well as we could and then tried to close the window in the parietal bone, but the lid would not budge, it was so firmly planted below; just like one had raised a chip in a green hickory log and then tried to force it in place again. But after pulling and pushing, pressing and prying, after a long, long time we got it sutured in place with our septic hands and instruments. No, I did not stand on the lid with my soiled boots while Dr. Clarke put in the stitches, but the call

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was so urgent that I forgot to wash my hands that morning before starting, but I think I had washed them the day before. In the daughter's case we adjusted the fractured clavicle and sewed up the wound over the occipital bone. The grandchild was about two years old and its ear was cut off close to the head, just as slick as Peter cut off the ear of the servant of one of our Savior's malefactors; but I assure the reader that it was by no means so easily and happily replaced, for it was one of the most difficult pieces of needle work that I ever performed. The ear rested away back on the neck where it had lain for five or six hours, cold and about the color of a piece of liver, and held by a fiber of cuticle just enough to keep it from being lost in the shuffle. After much time and patience I got it sewed on with the same septic fingers and right side out too. We dressed it with a warm woolen batting, that was all.

Now, in the practice of this sort, in his mind's eye, and in his mind's nose, too, for that matter, the modern bacteriologist could have nothing but visions of meningitis, pan-encephalitis, emboli and thrombosis, septicemia, pus everywhere and stench; the ear was sloughed off and thrown into the waste basket. But misabile visu! et mirabile dictu, there was nothing of the kind, the patients all recovered without an untoward symptom. There was some pus of course, but the wounds healed largely by first intention, and the child's ear was perfect but seemed to be a shade smaller than the other one.

During the civil war a confederate soldier was shot through the elbow and a resection of the joint was done in the field hospital; gangrene supervened and he was sent home; when he came into my hands the forearm was almost ready to drop off. I amputated about midway between the elbow and shoulder joints by the circular operation; after the first sweep of the knife, dividing the skin and superficial tissues, in changing the knife to finish the operation I let it fall to the floor of the farm house amongst the germs of three of four generations' collection; without even wiping the dust off on my pants I finished the operation. The patient recovered without a single bad symptom.

Some three or four years ago during the erection of a tall building just across the street from my office the workmen would come over to my office every few days to have minor injuries dressed. One day a man came in with an ugly lacerated wound on the back of his hand, caused by a sheet of galvanized iron falling on him from a considerable distance above. I dressed his hand with scrupulous aseptic and antiseptic care. The very next day a man presented himself upon whom a section of iron pipe one and one-fourth inches in diameter had fallen, catching him on the back of the head in trying to dodge it, cutting out a circle of tissues to the occipital bone; when he removed his handkerchief with which he was staying the hemorrhage the blood spurted half across the office from the occipital artery which was severed. Without a second thought, with septic hands and instruments I removed the hair, secured the artery and dressed the wound. There was no difference whatever in the behavior of these two wounds; they both healed alike very kindly. There was a few drops of pus in each of them, but no signs of noxious germs. This may be explained in part by the fact that although I often neglect aseptic precautions, yet the permanent dressings are always antiseptic, plus the extreme inaptitude of the products of the external layer of the blastoderma to harbor noxious germs and thus to invite infection.

I will call to mind one more case and the last one, the termination of which was sadly different from the foregoing cases.

Over forty years ago a farmer came for me to attend his wife who had been in labor two or three days. The first thing that greeted me was the hand of a child at full term between its mother's thighs, and the arm was so swollen that it seemed almost impossible to introduce the probe into the vagina, much less a hand and an arm. But after toil and patience and plenty of them, I reached the feet, turned and delivered the body. Now a worse trouble almost stared me in the face, the delivering of the head; but

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I finally succeeded in delivering an enormous hydrocephalus, the head being nearly as large as the rest of the body. Considering the ordeal she had gone through, the woman had a very fair getting up. But after three or four weeks I was sent for and told that she had some hemorrhage and had passed another afterbirth, which had been preserved for my inspection. The mass just filled an old-fashioned tin cup to the brim and proved to be a false membrane, a cast of the internal surface of the uterus—I had on hand a case of diphtheritic metritis. While I was attending this case I was treating some cases of diphtheria at the next farm house a few hundred yards distant, and there was much intercourse between the infected household and the lying-in room; and the bruised and battered tissues were as vulnerable as possible, hence the infection. What would be thought of the similar management of a case at the present time? It would be branded as ignorance, incompetence, malpractice, yea, almost murder! Had intercourse between the families been strictly interdicted, and that of the doctor, too, perhaps, and rigid asepsis and antisepsis observed during and after the delivery, a fatal termination should have been easily prevented.

A GRAVE SUSPICION.

Me have a doctor? Well, you guess again!
I'll take my chances with most other men,
But when the pill boy comes you watch me duck.
I've had a doctor—yes, and worse my luck.
When I was sick in Austin some years back
My pal he woried till he made a track
And fetched a doctor who with puckered face
Looked like he thought I'd fill an angel's place.
Allowed I had lung fever and he guessed
I headed to my last eternal rest.
He doped me up with some foul tasting stuff
And felt my pulse to aid his pesky bluff,
And kicked because, like other folks at night
I had the sense to lock my window tight.
He then allowed if I would live a day
I'd have to do just as he wished to say,
He had me bluffed, for I was not prepared
To face the angels and, I being scared,
Did what he told me and that night I tried
To sleep with every window opened wide.
The dope he gave me made sleep like dead.
I woke next morning with a splitting head
And reached my pants to ask my watch the time—
And, holy smoke! In all this age of crime!—
My watch was gone and every sou I owned.
I just leaned back and cussed awhile and groaned.
To think that I, who'd traveled every pike
Should buy that brick! I never thought the like!
That tenderfoot—that pill boy steeped in sin
Who wanted windows up *to let the fresh air in!*

G. T. P., The Chicago Clinic.

BREAKFAST FOOD FAMILY.

John Spratt will eat no fat,
Nor will he touch the lean.
He scorns to eat of any meat;
He lives upon Foodine.

But Mrs. Spratt will none of that;
Foodine she can not eat.
Her special wish is for a dish
Of Expurgated Wheat.

To William Spratt this food is flat
On which his mater dotes.
His favorite feed—his special need—
Is Eata Heapa Oats.

But Sister Lil can't see how Will
Can touch such tasteless food.
As breakfast fare it can't compare,
She says, with Shredded Wood.

Now, none of these Leander please;
He feeds upon Bath Mitts,
While Sister Jane improves her brain
With Cero-Grapo-Grits.

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Lycurgus votes for Father's Oats;
Proggine appeals to May;
The Junior John subsists upon
Uneeda Bayla Hay.

Corrected Wheat for little Pete;
Flaked Pine for Dot; while "Bub,"
The infant Spratt, is waxing fat
On Battle-Creek Near-Grub-
—Chicago Tribune.

WHAT IS MONEY.

Bulls and Bears.

To the query, "What is money, anyway?" the following answers are made:

Money is the loudest sound in the voice of life.

Bate for the matrimonial hook.

Fuel for fun.

The one thing that makes crooked things straight and straight things crooked.

The most effective substitute for brains.

A provider for everything but happiness; a passport to everywhere but heaven.

The New York idea.

Something that always gets the glad hand.

Money is the most difficult root to cultivate.

Metal often manufactured from "water" in Wall street.

The best talking machine.

That which women look for while men sleep.

A curse to some that have it and a curse to all that haven't.

What the rich don't need and the poor don't get.

The breath of business.

Our private god.

The antidote for poverty.

That which speaks a language we can all understand, but in which so few are able to converse.

DOUBTLESS HE DID SO.

A certain young preacher was much disliked by his congregation for his foolishness and conceit. He considered himself greatly persecuted, and, meeting an old German friend of his on the street one day, began to tell his woes, ending up by saying, "And Mr. Brown, the church warden, actually called me a 'perfect ass'; my cloth prevents me from resenting insults, but I think I should refer to it in the pulpit next Sunday. What would you advise?"

"Mein friendt,' said the old German, with a twinkle in his eye, "I know not, but I tink dat all you can do vill pe youst to bray for them, as usual!"—February Lippincott's.

CUBAN PROVERBS.

The following proverbs were collected from the natives of Cuba and rendered into English by Mr. Edward Marshall of Chicago, for Trans-atlantic Tales.

The mother who listens too intently to the songs of birds will let the baby fall out of her lap.

Mary, the Virgin, is good to us! Useless dead leaves fly away on the wind. Ripe fruit falls beside the tree.

Cut your blanket one foot longer than God made you, yourself. Greater length is waste.

All the stars, put together, would make a surface greater than the moon's, yet the moon gives more light than all the stars.

A brackish pool may hold a lovely picture of the sky; but be satisfied to look into it. Drink elsewhere.

Our own experience is only useful when the peril is all past; our neighbor's—he keeps that to himself.

We cannot control the happenings of next year; but we can avoid the miasma of tonight's air in the swamps and refuse tonight's free rum at the plantation distillery.

He who has been wise enough to buy plenty of salve will be too wise to have need of it.

A teetotaller received ten barrels of rum in payment of a debt; an enemy destroyed them. Was the man less ruined because he was a teetotaller?

Throw a lump of sugar into a spring. Then taste the water at the river's mouth. Will it be sweeter?

Which can be smelt furthest: a bouquet or a dunghill?

Men admit that serpents lurk in aguardiente, but claim that they are snake-charmers.

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EDITORIAL.

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A monthly journal owned, controlled and published wholly by physicians, devoted to advancing the best interests of the profession.

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ALBUMIN IN THE URINE OF PREGNANT WOMEN NOT ALWAYS A BUGBEAR.

Not a great while ago it was a common belief that the appearance of albumin in the urine of pregnant women was the signal for alarm. Within a few months I heard it asserted during a discussion before a prominent medical society that albumin in the urine indicated that there were breakers ahead and that prompt treatment should be inaugurated. I have examined the urine of pregnant women and found albumin and was lead to believe that the treatment adopted by me prevented eclampsia. On the other hand I do know that women have gone through a normal labor and yet previously an examination of the urine showed albumin in abundance and still no treatment was responsible for the favorable termination of labor.

While the urine may contain sugar or albumin it does not necessarily mean that there is in every instance cause for alarm. It is not best, however, to take the position that an albuminous urine may not mean danger.

I noticed in the proceedings of the Medical Association of the Greater City of New York published in the "New York Medical Journal" Dr. F. E. Sondern read a paper upon "The Urine of Pregnancy" which contains some valuable information upon the subject to which I have referred.

It has been shown that a large per cent of pregnant women have albumin in the urine and still there are no ill results. It would seem that we have all taken too much for granted and have not examined every case carefully.

The obstetrician should always be familiar with the case and should know perfectly the conditions relating to the secretions and excretions of the body. Since neglect may possibly mean that the danger line has been crossed unconsciously.

Dr. Sondern's paper brings out some points which are worthy of note. He says:

Recent advances in the chemical investigation of the urine in pregnancy has resulted in new data of value to the obstetrician, as an aid in his work and in the correction or, more properly speaking, modification of views previously held. As in general medicine, the presence of albumin, alone or associated with casts, was no longer the bugbear it formerly had been, as we now knew that it did not necessarily mean an inflammatory lesion of the kidney. In comparatively slight disturbances in the circulation or the innervation of the organ or in the quality of its blood supply, it might, in consequence of the derangement of its function resulting, pass larger or smaller amounts of albumin with or without casts. Recent investigations has shown that in approximately

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fifty per cent. of pregnant women albumin appeared in the urine at some time during pregnancy. The numerous possible causes of albuminuria made the diagnosis by no means an easy matter, and the apparently physiological retention of nitrogen toward the close of uterogestation added another difficulty. Laboratory research indicated a diagnosis only in the severe cases of true nephritis, but in those of a mild type, or when there was merely a disturbance of function, the analysis of the urine was simply an aid. It might, however, disclose evidence of a possible causative factor of such disturbance. While the periodical examination of the urine in pregnancy for specific gravity, albumin, sugar and casts, no longer met the exacting demands of present day diagnostic methods, on the other hand, no specified change from the normal in any respect could be accepted as a prime indicator for drastic therapeutic measures or operative procedure, though oftentimes a material help in concluding the existing necessity for such.

The demonstration in general that what was known as intestinal autointoxication was a cause of a distinct train of symptoms, and often explained other obscure manifestations, was now a recognized fact. When it was recalled with what facility disturbances of the gastrointestinal tract were occasioned in pregnancy, and that the experience that intestinal autointoxicaion frequently seemed to be the forerunner of the toxæmia of pregnancy, if not more closely allied in the ætiology, the necessity for early diagnosis of this condition was evident. The laboratory aid in such diagnosis was important, and its main feature was the recognition of a relative excess of ethereal sulphates in the urine. In the pyelitis of pregnancy the urine presented the same typical picture noted in pyelitis in general, with the almost invariable presence of a decided bacteriuria, which on investigation, was usually found to be due to bacilli of the colon group. Transitory glycosuria was not worthy of special note, except that it frequently accompanied other faulty metabolism which might demand attention. In women suffering from regular diabetes approaching parturition called for the same attention as a contemplated surgical procedure, and this should be directed toward the avoidance of an acidosis, rather than solely to the reduction in the amount of glucose excreted

The comparatively recently expounded belief that some of the minor as well as major disturbances in pregnancy were the result of toxæmia had necessitated a reclassification (still in a somewhat unsettled state) of these disorders by the clinician, and had likewise led to a diligent search for the actual causative factors, with no practical result as yet. The urine was looked to for the purpose of finding the causative toxine itself, or evidences which would indicate the existence of an accompanying faulty metabolism. While, as stated, the search for the actual causative element had as yet been ineffectual, the evidences of an accompanying faulty metabolism had been found. Having discussed this point more fully, Dr. Sondern went on to say that continued experience in the analytical work in connection with these cases seemed to point to the practical conclusion that the routine examination of pregnant women's urine should include a search for evidences of faulty intestinal metabolism, so that this apparently predisposing factor might receive early attention.

OPEN AIR TREATMENT OF TUBERCULOSIS PULMONALIS.

There are two forces, seemingly at war, in medicine and surgery, as well as in all other subjects; namely, radicalism and conservatism. The radicals take up and adopt new theories, the logic of which commend them, with great enthusiasm, and frequently follow them, almost blindly, into absurd positions.

The conservatives form the balance-wheel which prevents the machinery from beating itself into pieces. They never blaze out new paths—seldom, if ever, make discoveries, yet they prevent radicalism from "running wild." They are slow to adopt new theories and await demonstrations of all theorems before adopting them as fixed facts. It is not true that conservatism is old-fogyism, obstinacy, devotion to the old because of its associations, or of obtuseness; but it

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is due to a determination, with St. Paul, to "Prove all things, hold fast that which is good"—"Prove" in this connection meaning "test."

The pendulum in "fad-ism" as in mechanics, swings backward as well as forward. We may not hope to reach truth through false premises, however high our hope or magnificent our enthusiasm. We may not hope to eliminate a *causus morbi* by the same medium as bears an infection. Pure air—that is to say, air that is free from irritants—undoubtedly is essential to the well-being of tuberculosis sufferers, and contributes materially—yes; is essential to their rehabilitation—but it is not the "Balm in Gilead" which destroys Koch's bacilli.

Pure air is not essentially cold air, although it is true that any gas, not under pressure, contains more of the elements of which it is composed at a low temperature, volume for volume, than at a high one. If low temperature were essential to the therapeutic value of pure air we should have better results in the treatment of those suffering from pulmonary tuberculosis or pneumonia by the out-door living method in cold weather than in warm weather, which is not true.

It seems that atmosphere, uncontaminated by the impalpable dust which clings to carpets and draperies and is given off upon the slightest agitation of those materials, even though heated to 70 or 78 degrees artificially, is as efficient as the cold, provided the breathing capacity be not so reduced as to require more oxygen, et cet. than can be furnished, volume for volume, by the more expanded heated air.

We borrow the following from a valuable editorial article in the *Therapeutic Gazette*, February 15, '07, as pertinent in this connection:

All waves of professional enthusiasm are followed by waves of reaction, and it is interesting to note that a large number of experienced men are now contributing to the literature of tuberculosis articles in which they strongly advocate the so-called home treatment of the disease, using superalimentation and an abundance of fresh air, and little medicine, and reporting as a result of these measures cures which they claim equal or even exceed those obtained by patients who go to places which are said to possess admirable climatic conditions. In their enthusiasm they are even going so far as to assert that home treatment is better than foreign treatment, and in a certain proportion of cases this cannot be denied, when the patient's means are limited and distant travel means actual poverty. The general practitioner, it seems to us, must at the present time recognize that a very large proportion of cases of pulmonary tuberculosis are best treated at home if fresh air and good food and a fair modicum of sunshine are obtainable. But experience and reason confirms us in our belief that other patients more favorably situated as to means and opportunities will do better still if they go to some place where all of the home comforts will be provided, and where, in addition, the climate is such that the air is dry and the number of hours or days of sunshine is very great. In some instances very advantageous results can be obtained but a few miles from the great cities. In other instances, Arizona, New Mexico, Colorado or certain places in California will give the best results.

ARSORPTION OF REMEDIES INTO THE SKIN.

The addition of oleic acid to ointments we know will increase their penetrating power.

Several years ago Dr. John V. Shoemaker made a valuable contribution to this subject and at a later period made the suggestion that lanolin had largely taken the place of oleic acid. I found that the combination of oleic acid and lanolin gave better results and so stated in an issue of the Monitor five years ago.

The absorption of remedies into the skin is a method in therapeutics about which we should know more about. Probably the most important of this class are bismuth, copper, mercury and morphine. One of the preparations not an oleate, which easily penetrates the skin is oil of wintergreen. When this preparation is used drop by drop upon a flannel bandage applied to a rheumatic joint absorption is so thorough that the urine will show it in a few hours.

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Quite a large number of preparations possess a penetrating power as I have indicated and give good results.

Dr. Shoemaker deserves very great credit for the information he has given us respecting the oleates.

Merck's Archives for January contains a very interesting and instructive editorial on this subject, which is as follows:

Dr. Sutton of Kansas City, Mo., working in Dr. Unna's Clinic in Hamburg, has made a series of observations of more than general interest, on the absorbability of remedies through the skin (Monatshefte fur praktische Dermatologie, Oct. 15, 1906.)

The problems presented were of unusual difficulty, as it is generally held that not only is the composition of the remedy in question of importance, but the character of the menstruum as well. It has been held for many years by competent pharmacologists that those substances which are capable of volatilization are best capable of being absorbed by the unbroken skin and producing general systemic effect, but it is by no means established what conditions in the menstruum are best adapted to further the result desired.

It is to the solution of this side of the problem that Dr. Sutton applied his experimental methods. Lower animals were used, and the method of saturating the menstruum experimented on by a fat, soluble aniline dye was adopted, the staining qualities of the dye being taken as an index of the grade of absorption. After several hours of exposure, pieces of the skin were excised and frozen sections made and studied microscopically. Thus it may be seen that Dr. Sutton limited himself to the problem of local action entirely.

In all, some 200 experiments were performed with some fifty or more different menstrua. Of the dyes used, fuchsine and scharlach R. gave the most satisfactory microscopical pictures. The sebaceous glands showed the effects of the infiltration most markedly, while parts of the hair follicles below the opening of the glands were not affected, thus bearing out the clinical experience of many dermatologists that the lower parts of the hair follicles are reached by remedies with the greatest difficulty.

As to his results, he shows that notwithstanding the well-known energetic disinfecting properties of phenol on the surface of the skin, it has very slight penetrating power. Turpentine and petroleum have about the same properties in this respect. Vaselin and substances of like chemical nature are absorbed very slowly and incompletely. A thorough mixture of the different vehicles with a small quantity of cedar oil seems very materially to hasten their absorption, in spite of the fact that cedar oil alone has no particular power in that direction. Goose fat is one of the best of the penetrating vehicles, but a good pure article is difficult to obtain, and if obtainable its price is almost prohibitive. The sulphon constituents of ichthyol were well absorbed, and mixtures of equal parts of ichthyol with olive oil, or benzol, or goose fat, showed a quicker and more complete absorption of the sulphons than when the artificial sulphon or their ammoniacal combinations were employed.

Sutton shows, in conclusion, that the best absorption for local action is obtained through the media of goose fat, by olive oil, by ichthyol in combination with olive or cedar oil, and by santal oil with or without cedar oil.

SYPHILIS AND PARESIS.

In many cases of paresis there has been more than a slight suspicion that syphilis was the cause, some have even gone so far as to believe that all cases were directly or indirectly due to specific infection.

Whether or not the recent claims that the paresis is due to a microbe is a question which is still unsettled. If syphilis is not the cause may it not be possible that its existence issues a pressing invitation to the microbe if there be such.

The St. Louis Courier of Medicine views the subject as follows:

We were just congratulating the profession that the cause of paresis had been discovered in a general infection by a microbe that resembles the diphtheria bacillus. The older term metasyphilis as applied to this disease had been almost discontinued. Now, it seems that the

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syphilitic theory is again ahead, since Wasseman by elaborate biological experiments has demonstrated that the cerebrospinal fluid of persons suffering with general paralysis contains syphilitic antibodies. While the presence of these antibodies was not invariable, it was found in too many cases to doubt, that these patients had syphilis.

It may be argued, however, that this shows nothing more than what was already known—that the majority of paretics have had syphilis. By no means is the proof conclusive that the cerebral degenerative lesions in paresis are caused by the syphilitic virus. This disease may only act as a predisposing cause for the invasion of a bacillus which leads to the so called metasyphilitic lesions.

HEART-BLOCK.

At the meeting of the Indianapolis Medical Society February 29, Dr. J. A. MacDonald read a paper entitled "Heart-Block," reviewing the very meager literature to date and exhibiting a heart which showed the band or bundle of Hiss beautifully. Discussion by Drs. Ritter, Kimberlin and Wynn showed conversance with all that has been written upon the subject to date and was very entertaining.

While we are not ready to accept the "Bundle of Hiss" as the originator of ventricular contractions responsive to the auricular, we are glad to have our younger members manifest an eagerness for original investigation.

DR. BYRON ROBINSON.

The American Medical Compend issued a jubilee number in January in which a tribute of respect and honor to the labors of one of America's greatest medical writers and original investigators, Dr. Byron Robinson, was shown.

He is a man of international reputation and indomitable energy. Dr. Robinson is one of the collaborators of the Central States Medical Monitor, and we are glad indeed that the medical profession have recognized the importance of throwing boquets to a man of prominence during the time that he is engaged in active work.

The work that Dr. Robinson has done in antomical channels, the books that he has written and the methods which he has outlined for the betterment of medical education and science as well, are many indeed.

We are glad to say something in commendation for Dr. Robinson and yet why should we say so when his work shows for itself and is second to none.

THE CARE OF THE WOMAN.

Headache increased on reading or sewing is one of the most common reflex symptoms of eye-strain.

It is a well-known fact that no muscle in the body can endure continuous contraction except for a very short time. Yet all near work requires the contraction of the ciliary muscle, say for from eight to twelve hours daily. The result is eye-strain.

Persons whose work necessitates much ocular labor should vary their duties with intervals of rest. In continued reading or sewing, it is well to desist at short intervals and fix the gaze on some distant object and close the lids repeatedly.

The habit of wearing veils is responsible for some deterioration of vision particularly if they are very thick or dotted. The best veil for the eyes is one with a single large mesh either without dots, or the dots so far apart that none shall come over the eye.—Anna M. Galbraith, M. D., in The March Delineator.

BEFORE MY LADY'S MIRROR.

The "Reflections" of a looking-glass should make interesting reading.

It's a wise shopper who knows her own mind.

"Imitation on the face of it"—the other girl's complexion.

There are women who will die for a man, but there are more who will dye.

"A plague on my beau's jealousy!" cried the pretty shop-girl. "Why wasn't I born plain like the Society "Beauties'?"

The average woman would rather own to a "double life" than a "double chin."—Walter Pulitzer in the February Delineator.

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My Dream Chair

Blanche Bloor Schleppey

T'is only a quaint, greenish, old wooden thing—
An uncompromising affair—
With high formless back and queer looking arms,
Yet someone has named it a Chair.

It yawns at me always so invitingly
With prodigal expansiveness,
That oftimes responsive I find in its depths
The sweet charm of forgetfulness.
And quietly sitting with weary eyes closed
I dream strange, improbable dreams
Of purple-clad mountains and swift soaring birds
And glistening, sun-lighted streams;

Of knights and fair maidens and high moated walls;
Of martyrs and armies and kings;
Of stern sacrifices, of brave golden deeds,
And glorious, ideal things;
Of radiant planets where sad, earth-worn hearts
Are freed from their gnawing unrest,
Of realized hopes and of heaven-crowned lives,
And all that the spirit loves best.

Then let no one wantonly come to dispel
My visions of imagery rare,
But leave me to ponder and revel and dream
In the arms of my old, wooden Chair.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

THERAPEUTIC TIPS.

By E. S. McKee, M. D., Cincinnati.

Static Electricity in the Treatment of Sciatica. Webb (London Lancet). The results obtained in the treatment of a number of cases of sciatica with static electricity lead Webb to make the stand that all forms of neuritis or neuralgia provided they are not due to pressure of tumors or other irremovable causes are the most satisfactory of the many cases that can be cured or relieved by this agent.

Oxygen Injected Hypodermically for Sciatica. Massalongo and Danio in Il Policlinico, September, 1906, describe their success in the treatment of sciatica by this method. They explain sciatica and other neuralgias as a result of disordered metabolism, the byproducts of which poison the nerves. The presence or absence of neuritis is thus simply a question of degree. They state that the frequent injection of oxygen under the skin and deeply amongst the muscles influences the local and also the general metabolism, stimulating the circulation in the nerve trunks and the nerve sheaths, and thus facilitating the elimination of morbid products. By experiments on the cadaver and on animals they have satisfied themselves that oxygen injected by their methods spreads deeply and comes in contact with the nerve trunk near the place of injection. The result of the treatment is two fold—the relief of pain immediately and the improvement of the anatomical condition of the nerve. All cases treated were severe, either in intensity of the pains or from their long duration. Twenty cases are recorded. Nine were completely cured with ten or twelve injections and in less than a month, the quantity of each being from 250 to 400 cubic centimeters of gas. The other eleven cases were completely cured in less than two months. Each injection was made deeply with the long needle of a Pavas syringe, inserted usually into the most painful point of the skin. The needle communicated by means of an india rubber tube with gasogene. Antiseptic precautions were employed and no ill effects, local or general, followed in any case. A case reported was that of a man aged 43 who suffered for six years from a right sciatica. For two months he was treated without benefit with blisters and frictions. Pressure along the sciatic nerve was very painful, especially between the trochanter and the tuberosity of the ischium, at the outer side of the hip and over the external maleolus. Six injections of oxygen were made at the most painful spots and three deeply over the course of the sciatic between the muscles. Cure followed and was completed in twenty-two days. The writers did not attach much value to theories by which such treatment is supposed to act by stretching the terminal nerve filaments or by forming a protective cushion of gas over the nerve endings.

Sulphuric Ether Hypodermically in Sciatica. James (British Medical Journal) injects idirect into the sciatic nerve by means of a long hypodermic needle sulphuric ether in doses ranging from 15 to 30 minims. He reports having cured some very obstinate cases with this method.

Pathology of Sciatica. Bruce (Lancet, Nov. 3, 1906) calls attention to hip joint disease as a cause of sciatica. He thinks we made great mistakes by resting satisfied by such terms as lumbago and sciatica. We are too much inclined to mental laziness, to settled opinions, while we are too seldom ready to study thoroughly, point to point, the individual case we have before us. Great mistakes occur

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because medical men do not take the trouble to examine their patients systematically and thoroughly mislead by erroneous pathologies and leaning on words, mere words, trusting to books and not their own brains.

Exophthalmic Goiter. Schlesinger (Medical Press and Circular) vouches for the value of phosphorus in the treatment of this condition. He usually prescribes 1-120 gr. (0.0005) to a pill and gives two pills daily. The same quantity of phosphorus may be given in cod liver oil. In prescribing arsenic he has used for several years the cacodylates. Sodium cacodylate may be given if from one to two centigram doses by the mouth or intramuscularly without danger. Strychnine as a tincture may be given with quinine for tonic purposes with great benefit. To afford relief the writer favors a mixture consisting of ammonium bromide gr. iii or 0.2, codein phosphate gr. iss or 0.1 sodium bromide gr. xv or 1.00.

Insomnia of the Aged. Lemioine (revue practique d obstetrique et de gynecologie) says that bromides should never be given to the aged suffering from insomnia. It is due largely at this time of life to arterio-sclerosis of the cerebral arteries with consecutive anemia. He advises small doses of iodides with broken doses of opium. The condition of the intestinal tract should be kept in mind and atonic conditions treated.

Phenol and Camphor in the Treatment of Acute and Chronic Suppuration. Ehrlich (Semaine Medicale) has convinced himself of the fact that applications of phenol and camphor mixtures are more efficacious than dressings with any of the ordinary agents employed for the purpose, and particularly so in cases of acute suppuration. Whitlow cases which ordinarily require from eighteen to nineteen days to reach the stage of absolute cure, heal satisfactorily under the influence of this mixture in about six days; and ordinary phlegmons in four days on an average, as against eight days under the usual mode of treatment. Ehrlich employs a mixture of phenol one ounce or 30.00 alcohol dr. iiss or 10.00 and camphor two oz. or 60.00. This mixture differs from that suggested by Chum Chlumsky in the presence of the alcohol, as the latter's formula is composed exclusively of carbolic acid and camphor. Care should be used not to employ any form of impermeable dressing material.

For the Cough of Pneumonia. Preble recommends highly the carbonate of guaiacol in five grain (0.33) doses and if sputum tenacious add apomorphine 1-20 gr. (0.003) doses four times a day.

For habitual constipation Roth prescribes fluid extract of rham, pursianae, syrupi zingerberis, aquae destillatae, partes aequales. One or two teaspoonsful at night as required. Acute constipation with autointoxication. Thornton advises the taking of six ounces of liquor magnesia citratis and repeat in six hours if necessary. Constipation of infants. Ringer recommends sodium bicarbonate one-half to one drachm in a pint of milk. Milk of magnesia is also good, one-half to one teaspoonful in a bottle of milk if bottle fed. For chronic constipation Da Costa recommends R Aloinii gr. 1-12 (0.005), strych. sulph. gr. 1-60 (0.001), extracti colocynthi comp. gr. 1-12 (0.005, hyoscyami gr. i (0.06); make one pill and take after each meal. Constipation with dilated colon. Tyson advises a high enema along with calomel, one-fourth grain or more hourly to relieve the symptoms, which are enormous distention and marked tympany of the abdomen. Great fecal accumulaitons. Bartholomew recommended three parts of tncture of aloes and myrrh and one part of tincture of nux vomica. Fifteen to twenty drops two or three times a day. Infantile constipation. Jacobi recommends washing out the bowel with warm water daily and waiting for time to remedy the defect, which is anatomical, i. e., the relatively great length of the large intestine with flexures. Fecal impaction. Andrews uses high rectal injections preferably with warm saline solutions or olive oil with the patient in the inverted position and followed by methodical kneading of the abdomen. He gives no cathartics until the main mass is moved. Taylor uses large and frequently repeated enemas, followed by careful diet, exercise and electrical treatment or massage. Frutnight recommends irrigation of the bowel through a rectal tube with

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four drachms of ox gall to the quart of water; also one drachm of turpentine and four drachms each of tincture of assafoetida and castor oil. I. N. Love for fecal in children gave a drachm of castor oil in lemon juice or in hot milk flavored with nutmeg. Intestinal stricture. Thornton directs twenty grains of washed sulphur and ten grains of cream of tartar in a cachet night and morning, the object of which is to produce mushy stools. Mechanical Treatment of Constipation. An old and tried method consists in massage of the abdomen with a cannon ball of three to five pounds' weight, covered smoothly with flannel or chamois skin, to be rolled over the course of the colon for ten minutes by the patient, the knees being drawn up in the early morning in bed the bladder having been previously evacuated. The Scotch douche, hot and cold water, directed against the abdomen, is a good tonic for daily use. Electricity in Constipation. Bartholow relied on faradization of the intestines with an insulated electrode in the rectum, and a large sponge covered rheophone well moistened and passed over the abdomen along the course of the intestines Juettner uses the secondary faradic current applied to the anterior abdominal wall by means of two sponge electrodes which are shifted about constantly. Sometimes either pole should be placed on the back and the other on the anterior abdominal wall.

THE HYOSCINE SLEEP IN OBSTETRIC PRACTICE.

It is our opinion that hyoscyamus is a very much neglected drug. The older physicians, probably, were satisfied with its analgesic properties and with crude preparations, and gave too little heed to the "whys and wherefores" of its action, but they got excellent results from its very extensive use. The writer has been so well pleased with the effect of the powdered extract that he has not used hyoscine, depending upon the powdered extract per os. From our experience with hyoscyamus we commend the following article upon its use in a field new to us:

Woodbridge Hall Birchmore (Med. Record, January 17, 1907) believes that hyoscine is for the accoucheur the ideal anesthetic. He knows of no experience with an excessive dose. The importance of the hyoscine sleep in obstetric practice is amply demonstrated. It gves all the aid in quieting the patient that any narcotic can give, while in addition it affords a practical anesthesia of prolonged duration without risk to either mother or child. This anesthetic sleep is without danger. Hyoscine is a drug sedative to the cerebro-spinal axis, but not to the ganglia connected with the reflexes of common life. RYAN.

ETHER-AIR ANESTHESIA.

Having a very extensive experience in the administration of anesthetics—more than 7,000 cases—the writer wishes to add his endorsement of the method pursued by Metzenbaum (Jour. A. M. A., Nov.). He says in part:

"Some points of advantage of this open drop method as compared with the cone method in producing ether anesthesia are: By the open method the patient takes in almost as much fresh air as when awake. The loss of consciousness is due to the anesthetic effect of the ether, without the added partial asphyxiation. Therefore this method is one of purer anesthesia.

By this method the factors of carbonic acid gas poisoning are eliminated and need not be considered. The patient is so gradually introduced to the anesthetic that the change is a transitional one, during which time the mind, brain, heart, lungs, and circulatory apparatus quietly assume the new condition of anesthesia.

There is little, if any, choking, holding of breath, coughing, struggling, rigidity, or vomiting. The patient's eyes are bright, the skin is warm, the peripheral circulation about the face and head is almost a blush. The perspiration is warm.

Considered as a whole, the patient appears more as if asleep than when under any other anesthetic.

The dosage can be governed to a fine point and is within the control of the anesthetist. The patient can be kept just under, and there rarely exists a state of profound anesthesia."

W. B. RYAN.

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MEDICINE AS A SCIENCE AND AS AN ART.

The following by Beverly Robinson (Monthly Cyclopedia of Med.) is too good to pass without a wide copying:

"Today, in my judgment, we are becoming victims, as it were, of too much science and too little art in medicine. Of course, it is a good thing to have science to the uttermost, and profit as much and as well as may be by her teachings. But we must not be in a hurry to believe absolutely the results of the best laboratory findings as applied to the art of medicine, until thoroughly tested and proved to be true by the actual daily work of the clinician. And even then several years should elapse and very many observations be made, before we overturn the old and firmly-established dicta for what, many, many times, is ephemeral and passing. How many illustrations I could give! A few only are required 'to point the moral and adorn the tale.' I take it that every good practitioner in large centers of population, at least, is familiar with all the later teachings of the laboratory, as regards the diagnosis of stomachal ailments, and yet practically how few there are which tell the practitioner what to do and also succeed in relieving suffering patients from symptoms. With chronic gastritis and atrophy of gastric tubules, whilst relief may occasionally be given by dilute hydrochloric acid after meals, with or without pepsin, frequently it will utterly fail. The food which chemical, biological, bacteriological research would surely indicate as bad, is just the food that suits the stomach and is well digested and assimilated. Formulae, at times, which seem complicated and without rational basis, so far as one can judge on scientific grounds, empirically used and adopted, have done lots of good. Thus many a practitioner who has grown gray in service has discovered, in one way or another, at the end of many busy days a few combinations upon which he pins his faith and which will relieve when almost everything scientific has been tried and utterly failed. Of all panaceas for chronic malarial poisoning there is no combination equal to tincture or extract of Warburg—and yet why? Impossible to answer by reason of the 'olla podrida' of drugs. Its efficacy, however, is undoubted. The experienced practitioner who knows and has seen a lot is often today put aside for the younger man, often a specialist, simply because the public are not taught continuously his immense value. The great consultant in medicine and surgery is only on rare occasions really very helpful in a practical way, so far as doing for the patient is concerned, unless he is familiar with his antecedents from the family physician, or has been the family physician of the individual about whom he is consulted. The best consultant is usually, if not invariably, the man who has drawn out of general practice because by age and experience he is entitled and ought to do so, and for whom his old patients are wise enough to send when in great trouble, to consult with the younger man who has taken up the toga which the older man has cast off for good and sufficient reasons."

W. B. RYAN.

EXAMINATION OF STRICTURE.

From the International Jour. of Surgery we glean the following items of interest:

The first examination in a case of suspected urethral stricture always demands the greatest care in the introduction of instruments, for, as Reginald Harrison has said, it is very easy to spoil a stricture and so lose the way through it, rendering future access to the bladder difficult.

In sprains accompanied by marked swelling in middle-aged persons it is important, as emphasized by Sir William Bennett, to abstain from the use of ice unless convinced that the kidneys are in a healthy condition, since its continuous employment may give rise to severe sloughing in cases of renal disease. For this reason hot fomentations are to be generally preferred. W. B. RYAN.

THE USE OF HEROIN.

The British Med. Journal gives the following excellent description of the action of heroin by A. Crha, which we commend to the attention of our readers:

Heroin is especially beneficial in the treatment of phthisis. A dose of .003

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gram given at night to patients kept awake by cough, ensures ease for from four to eight hours, and the cough next day is found to be looser than before. In advanced cases the subjective symptoms of distressed breathing and pressure on the chest are relieved as effectually as by morphine, and in some cases the breathing becomes slower and inspiration more prolonged. No effect is produced on night sweats. In laryngeal tuberculosis the drug is of great benefit. The troublesome cough disappears after its prolonged use. In one case where the pain in swallowing was such that cocaine had to be applied several times a day applications twice a day of a 1 in 30 solution of heroin afforded relief. In hemoptysis heroin replaces morphine, and in no case causes the vomiting which is so frequent after morphine. The drug has no harmful effect on the alimentary tract, and, indeed, the dyspepsia of phthisical patients has often improved rapidly when heroin was given for the cough. Crha has employed heroin in acute and chronic bronchitis, and has found it a good substitute for the usual narcotics. It diminishes the cough and lessens the pain on breathing. The distressed breathing of emphysematous patients when dependent on heart disease is relieved even before rest and heart stimulants have had time to act. In one case of cardiac asthma the customary nightly attack was prevented by a dose of 0.005 gram of heroin. There is no effect on the heart's rhythm. As an analgesic heroin is not of much benefit except in diseases of the genital organs. Thus tampons steeped in glycerinated solution of heroin (1.5 in 1000) quickly relieve the pain of an early perimetritis. They have less effect in chronic perimetritis. As a hypnotic heroin has no direct action. It may be injected instead of morphine before giving ether as a general anesthetic. It will then lessen the stage of excitement, hasten the narcosis, and prevent post-narcotic vomiting. A great advantage which heroin possesses over earlier narcotics is that only small doses are needed. Six to eight drops of a 1 per cent solution of heroin operate as effectually as 15 drops of 2 per cent codeine, and 3 to 5 gm. of heroin as 0.01 gram morphine. Moreover, it is only after long use that the dose of heroin needs to be increased to any appreciable extent. Heroin can be safely given to old people when morphine would be dangerous from its effect on the heart.

W. B. RYAN.

DUTCH SOCIETY OF OTOLOGY AND RHINOLOGY, AMSTERDAM, 1906.

Zwaardemaker (Utrecht) adds a fourth symptom to Bezold' triad to aid in the diagnosis of sclerosis of the ear; that it is the tactile insensibility of the drum membrane for normal movements of air. A normal patient perceives the movement of air of a low vibrating tuning folk of 32 v. s. after the acoustic sensation has ceased, whereas the patient with sclerosis of the ear does not perceive the movement of air.

E. de WOLFE WALES.

CURABILITY OF CANCER IN GENERAL AND OF CANCER OF THE TONGUE IN PARTICULAR.

Prof. Paul Poirier Arch. internat. de L. d'O. & R. Tome XXIII No. 1.

"Now if we are very ignorant on the pathogenesis of cancer in general, we are less so on the pathogenesis of lingual cancer. Everybody could not have lingual cancer; two conditions are almost indispensable; it is necessary to smoke or be syphilitic; those who combine these two conditions, especially the latter, have more chances than others.

We give, as a rule, to cancer of the tongue the name of "smoker's cancer." It would be as correct to designate is "syphilitic cancer." Of the thirty-two patients that I have operated on in the last five years, all were smokers and twenty-seven gave a previous history of syphilis; three of the others were suspicious. One could give lingual epithelioma the name of "cancer of syphilitic smokers."

E. de WOLFE WALES.

TAMPONS.

In making tampons for the support and continuous application of local treatment of the uterus, I have found it a great advantage to make a "core" of aseptic wool. Absorbent cotton is best as a bearer of the medicament, but as it packs and loses

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its elasticity is a poor material for support. The mere suggestion of a wool "core" will commend itself to all.

RYAN.

CURRENT CULLINGS FROM A STUDENT'S NOTE BOOK.

By L. E. Cox, '07,

State College of Physicians and Surgeons, Indianapolis.

Dr. Lindemuth holds that the eruption in lues is always first pinkish in hue but later assumes a copper color and not infrequently the eruption resembles the eruption of tenia circinata.

That the therapeutic value of the high frequency current depends first, upon the kind of apparatus, second the manner of application, third the condition of the patient, and fourth the disease under treatment. He holds that it exerts a great influence on metabolism and cell action. By increasing the quantity of oxygen consumed and carbon dioxide given off in a given length of time, but their influence on heat production and heat dissipation has not been fully established. Diuresis and the elimination of uric acid is increased but varies with the individual. There is an increased gastric peristalsis especially in atomy of the stomach. It has bacteriocidal properties converting toxines into antitoxines and that the venom of the viper and the cobra loose its poisonous properties when exposed to them.

Dr. Barnhill holds that in ozena owing to the wasting of the olfactory nerves the patients do not smell. It may begin early in life and persist throughout life, may be unilateral or bilateral, in which case there is an atonic condition of the nasal mucous membrane due to pressure exerted on the blood vessels that supply the nasal mucous membranes by the crusts, which are removed with difficulty and come away as large casts. As other causes of ozena he assigns that carious teeth, diseased tonsils and stomach and sinuitis. He holds that ozena is a symptom of many conditions and is not a distinct disease. In the treatment of this condition he holds that the teeth, the tonsils, the accessory sinuses and the stomach should be most thoroughly examined. Should these be diseased treat them accordingly. Should the ozena be due to disease of the nasal mucous membrane and turbinates he treats the condition by first, removing the crusts by irrigating the nostrils with large quantities of a normal salt solution to stimulate the secretion and determine the blood supply; second, after irrigating with a normal salt solution spray the nostril with distilled water and apply locally the following:

Potassii iodidi	gr. xxxvi
Iodine crystals	gr xiii
Glycerine	q. s. ad. oz. i

Misc. Signa. Use as spray.

Dr. Sexton holds that displaced kidney may stimulate either stomach or nervous disease with symptoms of pyloric obstruction, pain in the stomach, irregular indevelopment and spasmodic in character resembling the pain of gastric ulcer. Vomiting and the eructation of gas, together with neurasthenia, but palpating the kidney in an abnormal position is the only pathognomonic symptom and this condition is to be diagnosed from first, gall bladder disease; second, pelvic tumors and cysts; third, growths on the posterior abdominal wall. The prognosis is good and any treatment other than operative is foolish.

In the treatment of influenza or la grippe, Dr. Earp holds that the patient should be put to bed, elimination promoted and the patient put on a light diet. The room should be disinfected with formaline and the mucous membrane cleansed by spraying with the following:

Mentholis	dr. i
Glycerine	oz. i

Sat. sol. acid borici q. s. ad. oz. iii

Misc. signa. Use as spray.

To check the cough and allay irritation of the laryngeal and bronchial mucous membrane he recommends that the patient inhale the fumes from a vessel containing boiling water in which has been placed some compound tincture of benzoin. Administer internally the following:

Sodii salicylas	6.00
Codeini sulphas	0.24
Sodii bromidi	6.00
Elix. simp., q. s. ad.	60.00

M. Signa, dr. i. each 3 h.

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He holds that great caution should be exercised in administering cough mixtures with simple elixir as a vehicle for in as much as it is an alcoholic preparation not infrequently young children become intoxicated. That the prophylaxis in this disease when occurring epidemically is well nigh impossible, to quarantine would mean to stop business, and that the danger of complication is during the convalescence.

Dr. Ford holds that in all cases of growths occurring on the labia inferioris and not yielding to local treatment within three or four weeks should be considered as malignant and dealt with surgically by taking out a V shaped piece of the lower lip. Approximate the wound and treat antiseptically, being careful to assure yourself against infection of the wound by passing your sutures through the skin and muscular tissue down to the mucous membrane but not through it. The patient can by massaging and by digital stretching correct any deformity that may be present in a couple of months. He holds that these growths never recur when operated on early.

Dr. Sowder says that the one official poultice is the cataplasma kaolini. He advises against its use to the chest in young children strickened with acute lobar pneumonia for the following reason: Should a child breathe forty times per minute and each poultice weighs six ounces the total work done by the chest in twenty four hours would be equivalent to raising a weight of ten and four-fifths tons the height of one foot.

A NEW DISEASE; HISTORY, SYMPTOMS, AND PATHOLOGY OF A HITHERTO UNREPORTED LESION.

The Medical Record for February 2, 1907, published an abstract of a paper read by Dr. Henry P. De Forest before the Medical Society of the State of New York, in which he reported the case of a man with inflammation of the thoracic duct. At autopsy all the organs were found to be normal except the kidneys and the liver. On careful search a mass the size of a bologna sausage was found. In the center of it was an abscess cavity, which easily admitted the finger. The mesenteric glands were greatly enlarged. This mass was at the receptaculum chyli, and the condition extended from there up to the juglar vein. Several masses were noted, all distinctly nodulated, and all the size of a finger. The pus could be squeezed from the thoracic duct into the juglar vein. The clinical history showed that there was first a ptomain poisoning from shell fish. Then aggravated symptoms followed the eating of cold storage duck, greatly lessening the resistance of the intestines, therefore allowing ptomainns to gain access to the system and bacteria as well, the pyocyaneus showing the blue pus. When each valve was overcome there would be a chill, and, when finally the abscess perforated into the juglar vein, the symptoms of septicemia developed as shown in last week of life. EARP.

DERMATOLOGY AND GENITO-URINARY DISEASES—GLYCOGEN IN THE SKIN.

Dr. H. Brunner, of Berne, Switzerland (Amer. Jour. of Derm.), gives very interesaing facts pertaining to the presence of glycogen in the skin. Histologically he found it absent in the epidermis, but present in the outer layers of the hair bulb, as well as in the sebaceous and sudoriparous glands. To the pathologist it is of interest to note that different cutaneous affections exhibit various states in their glycogenic contents. Thus condylomata acuminata and carcinomatous formations serve as glycogen carriers; lumps and other tubercular affections of the cutaneous surface are likewise rich in that substance. The chancre on the other hand contains much less glycogen than the aforementioned lesions. In gummatous growths glycogen is found but sparingly distributed in the leucocytes. In erysipelas an abundant amount of it can be detected in these cells. In dermatitis herpetiformis the epithelial lining of the vesicles contains a large supply of glycogen.

From the above one is apt to infer that glycogen plays an important role in both the normal and morbid histology of the skin and perhaps of the entire economy, and its presence or absence may be indi-

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cative of certain changes wrought within the organism. Further study on the subject may possibly be able to explain the nature of metastasis of malignant diseases in general, and may in the not very remote future revolutionize our modus operandi in the treatment of the numerous constitutional dyscrasiae.

N. E. ARONSTAM.

HIGH AND LOW TEMPERATURES IN INFANCY.

Northridge, in the Brooklyn Medical Journal for December, details his observations on pyrexia and subnormal temperatures in infancy, and concludes his exhaustive article as follows:

Surely, all things considered, I would rather treat a child with an elevation of temperature of six degrees than one with a depression of a like amount.

The quickest and best way to bring the temperature up to normal in these cases is to give whisky and strychnine and to place the patient in a mustard bath at a temperature of 105 degrees for five minutes. Gentle friction should be made. The child should then be wrapped in blankets.

The bath will elevate the temperature several degrees and stimulate the powers considerably. In one case which I observed, where the temperature was 96 when the child was placed in the bath, the procedure brought the temperature up to 101.

EARP.

A CONTRIBUTION TO THE THERAPY OF LICHEN RUBER PLANUS.

Seifurt (Arch. f. Dermat.) recommends the following treatment for lichen planus verrucosus of the lower extremities associated with varicose veins:

Wash the leg well and paint on a mixture composed of zinc oxid and gelatine aa p. 25, and glycerin and distilled water aa p. 50. Over this film lay a thin sheet of cotton and secure it with a moist gauze bandage. Then paint on a second film of the above paste over it and bandage the whole with a dry bandage. The patient is allowed to go about and attend to his usual duties. In one case, the author tells, the dressing was kept on for two weeks, after which it was removed and another applied that was retained for six weeks. The internal treatment of this dermatosis consists of the administration of pil. asiatica in ascending doses. Seifurt claims that the good results obtained from his method of treatment are due to (1) protection from mechanical injury, and (2) diminution of circulatory disturbances. He had also used the same paste in lichen ruber on the trunk, in order to obviate irritation from the clothing and afford prevention against the intractable scratching occasioned by this disease.

N. E. ARONSTAM.

THE SALICYLATE OF MERCURY IN THE TREATMENT OF SYPHILIS.

A good word is spoken for the use of mercury salicylate by Dr. W. H. Palmer (Boston Medical and Surgical Journal, 1906, No. 17) in the treatment of syphilis. Mercury salicylate contains approximately fifty per cent of mercury, is insoluble in water and is administered in suspension in liquid paraffin. The treatment should begin with half a grain of the salt. After two days a second injection of three-quarters of a grain, and four days later the dose should be increased to one and a quarter grains. The writer has administered over 800 injections of the remedy and in 75 per cent. of the cases a one and a quarter grain dose given every seven days was sufficient to produce satisfactory results. The liquid paraffin should be sterilized to avoid possible painful nodosities. The needle should be sterilized and the patient should lie face downwards, and the needle inserted in the gluteal region, and the remedy placed about an inch below the surface. The writer thinks this preparation of mercury superior to all other preparations in that it does not produce gastric irritation, diarrhea, colic, or other unfavorable symptoms. Since it absorbes slowly a considerable quantity of the drug may be injected at one time. The writer states that in rare instances unfavorable results have followed the employment of mercury salicylate, due to a pulmonary embolism produced by the introduction of the injection into the circulation from the needle penetrating a vein. Again the patient rarely experiences a dry cough soon after receiving

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an injection, and this cough may presist for a few days. W. W. VINNEDGE.

THE SOURCE OF HEMATURIA.

It has long been considered a most difficult task to make the differential diagnosis as to renal, urethral or vesical hematuria. Dr. A. L. Chute (Boston Medical and Surgical Journal, Jan. 10, 1907) contributes an interesting discussion of this subject and shows how cystoscopy has overthrown some of the time-honored rules for diagnosis. For example renal hematuria differs from urethral hematuria in that the blood of the latter is uniformly mixed with all the urine, but it cannot be distinguished by this rule from vesical hematuria. The teaching has been that the color of the urine in hemorrhage from the kidney is dark, while hemorrhage from the bladder is a bright red. It is true that hemorrhage from the kidney is more likely to be dark in color than bright red, but there are so many exceptions to this that the rule can hardly be relied on. Two facts are of considerable value in determining the source of hemorrhage. If a considerable number of cylindrical clots are present in the urine it is probable that the bleeding arises above the bladder. The presence of renal casts point to renal hemorrhage, and the probability that this is so is increased if there are numerous casts with adherent blood corpuscles. But while these signs are of considerable positive value their absence is not wholly conclusive. The writer maintains that cystoscopy is the only accurate means of diagnosing between renal and vesical hematuria. If the hemorrhage is considerable and of renal origin colored urine may be seen issuing from the urethral orifices in little puffs, not unlike puffs of smoke; if the hemorrhage is slight it may be impossible to determine from which ureter it comes without ureteral catheterization. The assumption that blood seen issuing from a ureter comes from the corresponding kidney is in the main correct, though it is not impossible for it to come from the ureter itself. Having localized the hematuria the disease which produces it remains to be diagnosed. For this purpose the other symptoms must be considered. A large proportion of cases of renal hematuria depend upon one of four causes—malignant disease, calculus, tuberculosis or chronic nephritis; rarer causes are hydronephrosis, moveable kidney, cysts of the kidney, and hydatids. The fact that chronic nephritis may produce hematuria has been appreciated only recently. The hematuria is usually intermittent and may last a long time. In only a few cases has hematuria been proved to be of ureteral origin, but such cases appear to be more frequent than it was supposed they were formerly. Calculus is the best known cause of ureteral hematuria. Malignant growths of the uretera are very rare. Excepting hematuria due to calculus, the cause of ureteral hematuria cannot be diagnosed at present. Catheterization of successive sections of the ureter is the only way of distinguishing ureteral from renal hematuria.

W. W. VINNEDGE.

OPERATION FOR LACERATED PERINEUM.

The method of W. J. Mayo in operating for lacerated perineum, is described by Long (Virginia Med. Semi-Monthly, Dec. 7, 1906) as follows:

He makes a U-shaped incision just within the muco-cutaneous junction. The upper flap is dissected back a moderate distance, then a pair of sharp pointed scissors is pushed into the fossa on either side, exposing the levator ani and tranversus perinei muscles. The middle of the loosened flap is now seized with a pair of forceps and held backward. A needle threaded with silkworm gut is passed deeply into one of the lateral fossae, catching the exposed muscles from within outward and emerging just within the cutaneous edge of the denuded surface. The needle is now threaded on the other end of the suture and the step repeated on the opposite side. The rectal wall is not touched by the needle. With the last suture the tissues just underneath the remains of the hymen are easily brougnt together. Four sutures usually suffice, and when tied, not only is the perineum repaired, but the torn hymen is restored to such a degree that the patient does not seem to have ever borne a child. SCOTT.

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A NEW METHOD OF APPLYING OBSTETRIC FORCEPS.

Dr. J. A. Heatly, American Journal of Surgery, December, 1906, gives the following description of his original method of applying obstetric forceps:

He passes the left hand into and up in the vagina until the fingers touch the descending fetal head; then, taking the handle of the female blade (the left handle or right blade when forceps are locked), in his right hand, he passes the back of the blade along the palm of his left hand upwards as far as necessary to include the head in the blades when locked. Then, by a turn or twist of the right wrist the blade passes back of the head over the perineum and around to the opposite side of the fetal head (left side of the patient) into its proper place. The left hand still in the vagina, the remaining (male) blade is introduced very readily, the back of the blade being passed up along the palm of the left hand into its place. Then the blades are locked and delivery proceeds.

In high operations, pass the fingers up until they lie between the inside of the uterus and the side of the head of fetus, then introduce the forceps as described.

If the operator is left-handed, reverse the operation.

The following advantages are enumerated:

First. It being necessary to introduce only one hand, the chance of infecting the patient is thereby reduced fifty per cent.

Second. It is a much quicker and easier method than that ordinarily employed.

Third. The forceps is in a better position to hold; slips less frequently, and locks more easily. SCOTT.

THE CONVULSIONS OF CHILDREN AND THEIR RELATIONS TO EPILEPSY.

R. O. Moon (in The Lancet, Dec. 24, 1904) considers this subject in its relation to rickets, teething, specific fevers, traumatism, digestive disturbances, emotional shock, indefinite illness, etc. Illustrative cases are given. The author asserts that we should take a serious view of all convulsions occurring in infancy and are not justified in supposing that a single convulsion in childhood will end with itself and have no further evil influence. Most of the cases which arise in connection with extrinsic causes have a history of hereditary disease or alcoholism in the parents and both are predisposing causes of epilepsy. Even without such history the mere fact that the convulsion being often repeated makes the brain cease to be normal, and creates a distinct pathologic basis for the production of epilepsy. The precise relation of such convulsion to epilepsy can not be ascertained, and for this reason it is unfortunate that infantile convulsions and epilepsy, in many text-books on the diseases of children, are dealt with in separate chapters. The impression is thus conveyed that there is a much greater difference between these two affections than seems warranted. The serious view here taken of infantile convulsions is borne out by Sir William Gowers, who says: "No convulsion in childhood should be looked upon as of little moment, no matter how prominent and exciting a cause may be discovered; even a single fit in childhood indicates the need for careful supervision.

CURRAN POPE.

WORK AS A REMEDY IN NEURASTHENIA.

H. J. Hall (in the Boston and Surgical Journal) offers a protest against the almost universal treatment of neurasthenia by rest. The neurasthenic suffers fatigue or irritability beyond the reasonable results of mental or physical exertion, and is thereby incapacitated for his ordinary occupation or for enjoyment of life. Neurasthenics lead faulty lives; in many cases there is a tendency to overestimate the importance of small things to worry. Worry is closely associated with a sense of fatigue, often not distinguished from that which follows arduous labor, except that it is not relieved by physiologic rest. Some of the profoundest neurasthenics have never over-functioned in any discoverable way. A feeling of fatigue is brought on by the mere thought of exertion. Things that the patient likes to do are less fatiguing than distasteful activities. When there is

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lack of fat and blood, the rest cure may do good, but the great need in most cases is to bring about gradually the conditions of a normal life by pleasant and progressive occupation. Most neurasthenics are adaptable people, with artistic taste and critical ability, and there is an inborn love in man of making beautiful things out of crude elements. The writer has established a shop for the manufacture of pottery and woven fabrics, having a competent teacher and assistants. The patient after a few days' rest, and without warning, is required to do something, and a gradually progressive program is written out for each day and entrusted to the nurse. This eliminates anticipatory fatigue. When the patient turns out work of value, it is sold, and the proceeds credited to the maker. The accumulated indications point to the probability of fairly quick results. CURRAN POPE.

SARCOMA AND CARCINOMA. ARE THEY INFLAMMATORY?

The work of Wright, Hecktone and other investigators and their announcements of the opsonin theory of immunity and infection, which entirely satisfies our desires in the way of an explanation, opens up to us a road that will undoubtedly lead to placing our malignant tumors in a different class.

The results obtained by Coley in curing many cases of so-called inoperable sarcoma by the injection of his toxine obtained from the erysipelas, streptococus and prodigosus bacillus, signifies a mistaken diagnosis on the part of eminent pathologists in examining sections of the tumors with the microscope, or that the vaccination raised the opsonin index to such an extent that the action of the leucocytes were sufficiently effective to entirely destroy the tumor cells themselves.

In the Brooklyn Medical Journal for October, 1906, Coley reports two additional cases in which he effected a cure after an operation and the opinion of Drs. Carl Beck and Gerster that the tumor was a sarcoma and would prove fatal in a few weeks. Seven weeks after beginning treatment the tumor had entirely disappeared from the neck. The second case was a so-called round cell sarcoma arising from the ovary. An exploratory incision showed it to be entirely inoperable, but in four months' time under the toxine treatment it had diminished in size to such an extent that it was easily removed. The patient has remained perfectly well for over a year and gained 28 pounds in weight.

Drs. Gaylord and Clowes of Buffalo, Loeb of Chicago, Flexner and Gobling of New York have been working and reporting the results of their investigations into etiology, pathology and infectiousness of a form of sarcoma developing in the thyroid glands of rats and carcinoma found in the breast of mice. Flexner and Gobling have improved their technic in the inoculation of rat sarcoma to such an extent that where before only 20 per cent of the inoculations were successful, there last series of experiments show a success of 95 per cent. The inoculations have been made subcutaneous, intra-muscular and intra-peritoneal. The tumor grows rapidly, infiltrates the surrounding tissues and causes absorption of contiguous bone and cartilage by pressure. The tumor has a marked tendency to produce large metastases.

Microscopic examination of this tumor would place it in the class of mixed cell sarcoma. A detailed account of the above experiments will be published in the Journal of Experimental Medicine in the near future.

The foreign investigators have so far given us no important reports of their observations in this matter. Dr. Sticker of Berlin has reported one experiment (Semaine Medicale, 11-4-'06) with a bitch suffering with sarcoma of the vagina. He caused four male dogs to copulate with the bitch, and at the end of three months two of the male dogs were found to have sarcoma of the penis. One of the infected dogs had a tumor as large as a mulberry, and the other had seven small tumors ranging in size to a small bean. M. A. AUSTIN.

SURGICAL TREATMENT OF CARBUNCLE.

In the January number of Clinical Medicine Dr. Alexander High Ferguson of Chicago gives a short and pertinent article on the indications for excision, incision and phenol injections in the treat-

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ment of carbuncle. Dr. Ferguson mentions Harrington's solution which common knowledge shows is little used and less known about. This solution consists of a mixture containing 640 parts alcohol (94 per cent), 60 parts hydrochloric acid, 300 parts water to the thousand CC, to which is added 0.8 gramme of corrosive sublimate. Harrington reported to the American Surgical Association the results of his experiments in asepsis and his paper was published in the Annals of Surgery, September, 1904. His experiments showed that this solution would sterilize carbuncle pus in less than thirty seconds, while it required Tricresol 5½ minutes, and carbolic acid 4 minutes to produce the same results. The Mayos used and commended Harrington's mixture in their clinic when visited by the reviewer last year, but this and Ferguson's commendation have been the only places where much was said about it. After washing the surrounding skin the carbuncle is covered with a compress of Harrington's solution and allowed to remain for two minutes. Under anesthesia excision is to be performed if possible, taking an inch margin of healthy tissue. If Harrington's solution is used in the wound it should be washed out with decinormal salt solution.

Where carbuncles are located so that excision is impossible, face, neck, lips, etc., crucial incisions are made but none of the healthy tissue is involved, cutting from the margin towards the center. Harrington's solution, saline solution and simple antiseptic compress are then applied, and left for six hours. Dressings are then changed every three or four hours and the wound packed with Iodoform, glycerine gauze.

Carbolic acid injections are reported to be very unsatisfactory unless used at the very beginning of the disease and immediately followed by incision.

M. A. AUSTIN.

AINHUM, PROBABLY CAUSED BY CHIGGERS.

In the American Journal of Dermatology for February, 1907, is an article by Dr. F. Wellman of Benguella, West Africa, on the cutaneous affections observed in Angola, West Africa, and one of the conditions mentioned is Ainhum. This rare disease occasionally is seen in this country, one case being seen by the reviewer in Chicago and another was recently reported in Indianapolis by Dr. Brayton. It has been considered a schleroderma or neuropathic dystrophy of unknown origin, but Dr. Wellman says it is undoubtedly a contracting fibrosis producing ultimate amputation, produced by the continued irritating action of the Chigger (Sarcopsylla Penetrans) which bug shows a predilection for attacking the under surface of the little toe, even in healthy feet, and especially so if, as is often the case, the skin is cut or torn.

M. A. AUSTIN.

THERAPEUTIC GISTS.

In the two extremes of life be cautious in the use of opium.

Sodium bromide is not always borne kindly in old age, there is always a possibility of arterio-sclerosis.

Cardiac stimulants enforce power to the circulation. Ammonia, camphor and alcohol are good examples. There is some question perhaps in regard to alcohol, but if some men produce contradictory argument it is overcome by physiological evidence and some of the most eminent pharmacologists affirm that it is one of the most important cardiac stimulants. Wood claims that the diversity of opinion is due to the different doses used. Zimmerberg found that it reduces the force and the rate of the pulse dependant on the toxic doses. This seems reasonable because it is the small dose which acts as a stimulant. The same seems to be the result with the experiments of Gutnikow upon dogs but the report is uncertain, although he claims that there is a fall in arterial and venous pressure. The work of Sjetschenow, Dogiel, Ronchi and Salvioli show that small doses elevate blood pressure; however we must bear in mind, as Mr. Wood says, that a drug may stimulate the heart and yet have no constant effect upon the blood because it depresses, either through the vaso-motor centres or through action upon the blood-vessel walls the vaso-motor condition. The conclusion would follow

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that in small doses alcohol acts upon the heart as a direct stimulant in large doses as a depressant or paralyzant, this is also the view taken by Mr. Wood, who is good authority.

* * * * *

Indian hemp may relieve pain when opium cannot be taken. It is less likely to constipate and does not lessen the excretion of the kidneys. However, as a pain reliever, it is inferior to opium. In tetanus I have used it with good results. In neuralgia it will sometimes give relief when other drugs have failed. The dose of the tincture is fifteen minims and of the fluid extract one minim.

* * * * *

Calabar bean has been used in tetanus and epilepsy, but it is of doubtful utility. The dose of the tincture is twenty minims. Now and then it may do good in spasmodic diseases, but other remedies are better.

* * * * *

A ten per cent. solution of hydrate of chloral may be used as a local application in hyperidrosis. If an internal remedy is desired sulphate of atropia is the best.

* * * * *

In certain diseases during which dropsy is a symptom pilocarpine is often used but in cardiac dropsy it is contraindicated because of its depressing influence upon the heart. All things in favor it is a good diaphoretic. It is a peculiar fact that the hair may be darkened when it is used.

* * * * *

It should be remembered that sulphonal when given may not demonstrate an immediate effect, it may be on the following day. It is not a certainty, but when it acts it acts well. Injudiciously given, it may produce exhaustion. The eruption which sometimes appears from its use may continue until the remedy is stopped. The best way to administer sulphonal is in a dose of 20 to 30 grains at 7 o'clock, p. m., and in many instances it will produce quietude during the night, and perhaps the following night. There is danger of acquiring the sulphonal habit. In one patient under my observation the amount taken daily was 128 grains. EARP.

THE ABUSE OF MEDICINE IN THE NURSERY.

The only medicine that a mother should give on her own responsibility is castor oil, says Emelyn L. Coolidge, M. D. If mothers and even many physicians would learn that the little ailments of babies and young children may be successfully treated by proper changes in the food and a few external applications, the mortality among the infants would be greatly reduced. The digestive organs of young children are very delicate and when once upset by medicine it is difficult to set them right again.

All sick babies must of course have the benefit of a reliable physician's advice, and the sooner one is called the better—but there are now, and probably always will be, many mothers so situated that they can not secure a good doctor for little nursery ailments, and when such is the case I am sure they will not regret trying the methods advised above in place of relying upon their own limited experience, or dosing with remedies suggested by well-meaning but misguided friends.—The Delineator for March.

CLOTHES.

To be a leader of fashion one must be a follower. The man who pays the compliment is not always the man who pays for the gown.

"United we stand, but divided we get all sorts of mean things said about us," saith The Skirt.

The most adorned woman is not always the most adored.

As a man's salary gets higher his wife's gowns get lower.

A widow and her weeds are soon parted.

An old fashion is old, but an ancient fashion is always modern.—Walter Pulitzer, in March Delineator.

SIMPLE MAIDEN.

He was a bucolic youth and bashful. She was also of the country, and they were walking side by side. He was carrying a large tub on his head and a live pig in a sack on his back.

"Oi be frightened, Bill," suddenly remarked the simple maiden.

"What be you afeared on, you great gawk?" was William's response.

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"Oi be afeared you'll start kissin' and a-courtin' o' me, I be," replied the tremulous maiden.

"'Ow can Oi get a kissin' and a-courtin' w'en Oi got this 'ere tub on my 'ead and a pig on my back?" reasoned the bucolic one.

"C'u'dn't you put that there pig on the ground an' turn the tub a-top of 'im, an' set down on't, and pull me side of ye, if yew was a mind to, eh?" inquired the simple maiden.—Philadelphia Telegraph.

BRUTE!

Bride—Aren't the decorations perfectly lovely?

Groom—I suppose so; it smells just like a funeral.—Brooklyn Life.

ONE ON THE JUDGE.

Judge (sarcastically)—Did you ever earn a dollar in your life?

Vagrant—Oh, yes, I voted for your Honor once.—Puck.

THE IDEA!

Harold—Did you ever take your girl out in an automobile?

Percy—I did once, but she screamed so every time I ran over anybody that it made me nervous.—Chicago American.

STILL AT WAR.

Miss Goodley—Bess says she's ready to make up if you are.

Miss Cutting—Tell her I'd be ready to make up, too, if I had a complexion as muddy as hers.—Philadelphia Ledger.

JUST SO.

Ah! yes, I tip the waiter,"
The dinner sadly said.
"Because indeed if he's unfeed
Then I remain unfed.
—Cleveland Leader.

LIBELOUS?

Little grains of powder,
Little dabs of paint,
Make a girl's complexion
Look like what it ain't.
—Minneapolis Journal.

HER SYSTEM.

Patient (to pretty nurse)—Will you be my wife when I recover?

Pretty Nurse—Certainly.

Patient—Then you love me?

Pretty Nurse—Oh, no; that's merely part of the treatment. I must keep my patients cheerful; I promised this morning to run away with a married man who had lost both his legs.—Houston Post.

VIOLET AND MYRRH.

"There are two cities that bear the names of the odoriferous plants, Ios and Smyrna, violet and myrrh, and Homer is said to have been born in one and to have died in the other."—Plutarch, Life of Sertorius.

Born in Ios, dead in Smyrna,
Violets for his dawn of being,
Myrrh to waft his soul outpassing!
(Matters not if in those cities
He but knew a beggar's portion
Breaking bread of scorn or pity!)
Thus of Homer runs the legend—
Legend true to-day, and ever,
Of each poet since great Homer.
Such the lot for him commingled:
Born in Ios, dead in Smyrna;
Purple-cradled with the violet.
—Edith M. Thomas in Literary Digest.

IN PRESS.

The printer held her upon his knee,
As fair a type as you'd wish to see.
To objections he said with derision,
"'Tis now the hour of going to press;
But I can hold the form, I guess,
To await an important decision."
—The Pneus.

A London medical society has discovered that the vermiform appendix is a most useful part of the interior decoration of the human body and should not be removed. Sure it is useful. It has furnished a good opening for many a doctor.

IN 1915.

Convict No. 6824 (convicted of grafting): "I wish to send a petition to the governor for a pardon."

Guard: "All right, old boy; write it out, and you needn't put a stamp on the envelope, either."

Convict No. 6824: "You don't—you really don't mean to say you'll see that it gets into his hands safely?"

Guard: "That's what! Didn't you know he was occupying cell number 9653?"—Puck (New York).

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MEDICAL MISCELLANY.

WAYNE COUNTY MEDICAL SOCIETY.

The Wayne County Medical Society generally do things just about right, and are always arranging a program that will interest their members. Their secretary, Dr. D. W. Stevenson, is always interested in the affairs of the society, and while he did not furnish us a program yet we are very glad to have obtained one from another source. This time we will forgive our friend, Dr. Stevenson, and will ascribe the fault to United States mail. The program March 6 was as follows:

Injuries of the Elbow, L. G. Bowers; Chorea, M. S. Bulla; Measles, F. H. Dunham; Scarlet Fever, L. M. Gentle; Cholelithisis Etiology and Diagnosis, X-Ray, E. O. Lindenmuth; Static Electricity, M. W. Yencer.

The officers of the society are: T. H. Davis, president, Richmond; C. P. Colburn, vice-president, Richmond; D. W. Stevenson, secretary and treasurer, Richmond. Censors: 3 years, M. F. Johnston; 2 years, Minnie Hervey; 1 year, H. B. Boyd.

The meetings are held first Wednesday of every month, at 2 p. m., Wayne County Medical Society rooms, Court House.

STATE COLLEGE HOSPITAL.

The State College Hospital is well patronized. The medical staff is efficient and prompt in the performance of their duties. Both pay and charity patients are admitted.

Miss E. Stevenson is the newly elected superintendent of nurses.

The internes for the free dispensary who took their positions March 11 are R. B. Craybill, Morton Myers, Edward Pape and M. F. Daubenhyer. H. J. Hayes was appointed college clerk.

LOW DEATH RATE IN INDIANAPOLIS.

Dr. Carter of the Indianapolis Board of Health has compiled statistics showing that the death rate of 1906 was the lowest in the century.

With the exception of the year 1902 the death rate in Indianapolis last year was lower than it has been since the opening of the century, according to a table that has just been compiled by Dr. Charles A. Carter, clerk of the City Board of Health. According to Dr. Carter's figures, the death rate last year was 13.61 per 1000 of population. The highest death rate of the century was 16.11 per 1000 of population in 1900.

The birth rate last year, while slightly above the average, was bested in two instances and equaled in another. The year 1902, while it received fewest visits from the "grim reaper," received most from the stork, the birth rate being 20.05 per 1000 of population. The birth rate last year was 19.23 per 1000 and that of 1903 was 18.63 per 1000, the lowest in seven years of the century.

There were 4203 babies born last year, of which 2154 were boys and 2049 girls. Of the babies 3846 were white and 357 colored. There was a total of 2975 deaths during the year, 1553 of whom were males and 1442 females. The number of white deaths was 2511 and of colored 464.

In addition to the tables for births and deaths, Dr. Carter has compiled tables showing the mortality resulting from various contagious diseases since the opening of the century. The table shows that tuberculosis, typhoid fever and measles all claimed more victims in 1904 than in any other year, the figures being 412, 143 and 18, respectively. There were fewer deaths from typhoid fever last year than in any year, with the exception of 1901, there being 70 deaths from the disease last year and 59 in 1901. Tuberculosis claimed 340 victims last year. The year 1902 was dealt with most lightly by the white plague, there being 307 deaths that year. Last year there were 25 deaths from diphtheria, 4 from measles, 15 from scarlet fever and 2 from smallpox. Scarlet fever claimed more victims than in any other year, with the exception of 1900, when there were 16 deaths. By far the most fatal year for smallpox patients was 1903, when 96 persons died from the black plague. Next in the point of fatality was 1902, when there were 17 deaths. No deaths occurred from smallpox in 1900 and 1904, and

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none from measles in 1902. Each of the diseases tabulated claimed at least one victim in each of the other years. The tables for diphtheria, tuberculosis and typhoid fever, with the exception of the year 1904, show the deaths to have been fairly uniform for the seven years. All the other diseases fluctuated in mortality between wide limits.

Supplementary to the general table of diseases, Dr. Carter has compiled one showing the typhoid record of the city by months since the year 1896. In the year 1896 there were reported 319 cases of typhoid fever, from which 71 deaths resulted; in 1897 the record was 182 cases and 62 deaths; in 1898, 134 cases and 55 deaths; in 1899, 200 cases and 74 deaths; in 1900, 320 cases and 74 deaths; in 1901, 169 cases and 59 deaths; in 1902, 414 cases and 76 deaths; in 1903, 435 cases and 93 deaths; in 1904, 876 cases and 143 deaths; in 1905, 412 cases and 71 deaths, and in 1906, 425 cases and 70 deaths.

LONG ISLAND MEDICAL JOURNAL.

The Long Island Medical Journal issued its first number in January. Dr. Paul Pilcher is the editor. It will publish the transactions of the associated physicians of Long Island. The February number is devoted to anesthesia, and has twelve splendid original articles. For it we bespeak the cordial support of the medical profession.

NEW ENGLAND MEDICAL MONTHLY.

The New England Medical Monthly published at Danbury, Conn., has a new steel gray cover and the reduction in size is an improvement. Between the covers there has always been good reading matter and a continuence is assured under the editorial guidance of Dr. Wm. C. Wile and his associate, Dr. John J. Berry.

JOURNAL OF INEBRIETY.

The Journal of Inebriety, after thirty years of continuous studies of the disease of inebriety and drug taking, begins its new decade by entering upon comparatively new field of physiological and psychological therapeutics, for the treatment of these neurosis. Arrangements have been completed by which The Archives of Physiological Therapy has been consolidated and will hereafter be published as a part of The Journal of Inebriety. This very able monthly has been developing parallel lines of study with The Journal of Inebriety. In the opinion of its managers its scientific value would be greatly enlarged by concentrating its work along some special lines. The disease of inebriety and its allied neurosis is a field of most practical interest, hence The Journal of Inebriety is selected as a medium for continuing the work of The Archives of Physiological Therapy.

Henceforth in addition to the various phases of this subject which The Journal has presented, the therapeutic effects of hot air, radiant light baths, electricity, massage, psycho-therapeutic measures and other physiological means will occupy a prominent space. This effort to clear away the confusion and broaden the studies of therapeutic means for cure, will make The Journal of Inebriety one of the most practical and valuable visitors to every hospital and institution, as well as to all specialists who treat brain and nerve neurotics. We shall aim to present and formulate the latest studies and facts along these frontier lines, and in this way lift the whole field of therapeutics out of its present emperic stage into one of rational therapeutics.

CHICAGO CLINIC.

Dr. George, Thos. Palmer and Marcus P. Hatfield, the editors of the Chicago Clinic, have published a good journal. It contains snappy editorials always to the point, and there is plenty of news matter. An improvement in the make-up speaks for better things. Its new coat is handsome.

PENNSYLVANIA RAISES THE REQUIREMENTS FOR ADMISSION TO MEDICAL SCHOOL.

Recognizing the advantages of a broader general education and the growing necessity of the prospective student having in addition special preparation for the study of medicine, the Board of Trustees of the University of Pennsylvania has decided recently to raise the requirements for admission to its medical school. These requirements include

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two years of general college training and in addition a certain knowledge of biology, chemistry and physics. According to the plan which has been adopted, the standard will be raised gradually, beginning with the academic year 1908-1909 and reaching the maximum 1910-1911.

INDIANA MEDICAL BOARD.

The new officers are as follows: President, Dr. James M. Dinnen of Fort Wayne; vice-president, Dr. J. E. P. Holland of Bloomington; treasurer, Dr. Moses S. Canfield of Frankfort; secretary, Dr. William T. Gott of Crawfordsville (re-elected).

SICKNESS AND DEATH IN INDIANA IN JANUARY.

The monthly bulletin of the State Board of Health just published has to say in regard to sickness and death in the state during January as follows:

Bronchitis was reported as the disease of greatest prevalence. Then follows influenza, tonsillitis, pneumonia, typhoid fever stands eighth and in the preceding month was sixth in area of prevalence. The order of prevalence was as follows: Bronchitis influenza, tonsillitis, pneumonia, rheumatism, scarlet fever, diphtheria and membranous croup, typhoid fever (enteric), measles, pleuritis, erysipelas, diarrhea, smallpox, intermittent and remittent fever, typho-malaria fever, whooping cough, inflammation of bowels, cerebro-spinal meningitis, puerperal fever, cholera morbus, dysentery, cholera infantum.

Smallpox. There were 232 cases of smallpox reported from 15 counties with 3 deaths. In the corresponding month last year, 80 cases were reported in 10 counties with no deaths.

Typhoid Fever. There were 344 cases of typhoid fever reported from 57 counties with 65 deaths. It is obvious all the cases were not reported.

Tuberculosis. Tuberculosis accomplished its usual horrible slaughter. It killed 349, 303 deaths being from pulmonary tuberculosis. Of the deaths from consumption, 30 were fathers in the age period of 18 to 40, and left 67 orphans under 12 years of age, 68 were mothers in the age period of 18 to 40, and left 136 orphans under 12 years of age. The total number of orphans made by the disease in the one month was 203, homes invaded 286.

Pneumonia. There were 427 deaths from pneumonia. In the corresponding month last year there were 415. There were no epidemics of this disease reported, the affliction extending rather evenly over the whole state.

Diphtheria. Twenty-two cases were reported from 37 counties with 31 deaths. In the corresponding month last year there were 247 cases from 40 counties with 32 deaths. It thus appears no increase of this disease.

The total number of deaths in January was 2938, a rate of 13. In the corresponding month last year, 2998 deaths, rate 13.3. The cities showed a death rate of 16.9 and the country 10.8. The cities also showed a higher death rate in tuberculosis, typhoid fever, diphtheria, scarlet fever, measles, diarrheal diseases, influenza, puerperal fever, cancer, violence and smallpox. The country showed the highest death rate in pneumonia. The six largest cities showed the following death rates:

Indianapolis 17.7, Evansville 15.3, Fort Wayne 16.8, Muncie 18.6, South Bend 17.8, Terre Haute 21.3.

The cities having death rates lower than 10 during the month were:

Marion 3.2, Alexandria 6.6, Hartford City 8, Linton 8.4, Princeton 3.2, Wabash 8.6, Washington 9.8, Whiting 6.4, Cannelton 5.2, Greenfield 7.1, Lebanon 9.8, Montpelier 6.1, North Vernon 7.5, Rensselaer 4.5, Rockville 5.3, Winchester 5.9.

DR. THOMAS B. NOBLE, SR., Ends Life's Eventful Career.

We note with deep regret the death of Dr. T. B. Noble, Sr., of Greenwood, Ind.

Doctor Noble was a polished "Doctor of the old school," who, aside from the roughness of "Wullum McLure," filled to the full measure that lovable character of Ian McLaren.

Dr. Noble was the father of Dr. Thos. B. Noble, a prominent surgeon of this city.

Dr. T. B. Noble, Sr., has been sick for several months, but was not at all times

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confined to his bed, and on March 6 he suffered from chest pains which he recognized as angina pectoris, and which he was convinced would prove fatal. His prediction was fulfilled at 8 o'clock eventide, March 6.

Thus ended the long, honorable career of one of the pioneer physicians of Indiana, loved by all and faithful to the end.

Dr. Noble was born in Boone county, Kentucky, on February 12, 1827, and was therefore approaching his eightieth birthday when stricken of disease. His father, George Noble, was a brother of Noah Noble, once governor of Indiana, and of Ben Noble, one of the early United States senators from this state. When Dr. Noble was 8 years of age his parents removed from Kentucky and located temporarily in Indianapolis, but two years later removed to a farm just north of Greenwood, which is still in possession of the family. His early education was obtained in the public schools but he attended college at Franklin for a short time, walking from his home near Greenwood every morning to Franklin and back every evening, a distance of ten miles.

In 1848 he began the study of medicine in the office of Dr. W. H. Wishard, now of Indianapolis, and in 1851-52 took a course in the Ohio Medical College at Cincinnati. Returning to Greenwood he entered upon the practice of his profession and was engaged in it continuously till taken down with his last illness. In 1855 he was married to Margaret A. Wishard, who survives him, and there were born to them eight children. Those who are now living are Mrs. Margaret E. Lee of Chicago, Mrs. C. M. Carter of Muncie, Mrs. Elizabeth Oliver and Miss Mary Noble of Greenwood, and Dr. T. B. Noble, Jr., and Mrs. D. T. Praigg of Indianapolis.

Dr. Noble represented a type of citizenship that is rapidly becoming extinct in the progressive northwest. He began his life work in a section of the country where the pioneer was still laying his ax to the root of the tree, where the roads were almost impassable during a great part of the year, and where any profession or avocation to be successful must needs be pursued with unflagging energy through many hardships and for poor remuneration. Though he lived to be a part, as it were, of another world, the impressions made by his early training were too deep to be eradicated, and he was known throughout the county for the simplicity of his life and the rugged honesty of his character.

"Woman," a treatise on the normal and pathological emotions of feminine love, by Bernard S. Talmey, M. D., 62 W. 126 St., New York, is published by the Stanley Press Corporation. An extended notice appeared in our February issue.

PERSONALS.

Dr. John R. Newcomb has opened an office in the Newton-Claypool building, Suite 242. Diseases and surgery of the eye.

Dr. R. L. Westover has removed from the Newton-Claypool building to Rooms 827-830, Pythian building. His practice is limited to eye, ear, nose and throat.

Dr. C. F. Neu will make a specialty of nervous and mental diseases. Office, 334 Pythian building.

Dr. S. P. Scherer, who has been disabled by la grippe for several weeks has recovered.

Dr. W. H. Link, who was confined to his house by pneumonia, is able to attend to professional duties.

Dr. Larned of Parke Davis & Company demonstrated serum therapy before the students of the State College of Physicians and Surgeons during March.

S. K. Ingle, a medical student, has been in the state college hospital with typhoid fever for three weeks.

Dr. T. V. Keene has opened an office at 509 Newton-Claypool building.

Dr. John R. Thrasher has moved his office to 320 N. Meridian street.

Dr. C. E. Robbards, who graduated from the Central College of Physicians and Surgeons in 1904, has taken a course in post-graduate work in New York, and has returned to Burlington, where he is located.

Dr. George Marshal, who graduated from the Central College of Physicians and Surgeons in 1904, and who is located

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at Young America, visited Indianapolis in March and gave a talk to the students of the State College on Autumnal Fever.

Dr. E. O. Lindenmuth, professor of Dermatology and Electro-Therapeutics in the State College of Physicians and Surgeons gave a demonstration of X-Ray pictures before the Wayne County Medical Society March 6, 1907.

Dr. M. W. Yencer read a paper before the Wayne County Medical Society March 6, '07, upon Static Electricity. Dr. Yencer graduated from the C. C. P. and S. in 1897.

INDIANAPOLIS MEDICAL SOCIETY.

Program for March, 1907.

Meeting of March 5th.
Case Reports and Specimens.

1. A. W. Brayton,
   Pick's Gelatine Paste as a Vehicle.
2. H. O. Pantzer,
   Case Report.
3. F. R. Charlton,
   Two cases illustrative of Stone Formation in the Bladder Due to Foreign Bodies.
4. E. D. Clark and W. T. S. Dodds,
   Small-Celled Sarcoma of the Jaw Following Dental Operation.
5. T. B. Eastman,
   A Case of Strangulated Hernia.

Meeting of March 12th.
The Cataract Operation,
F. C. Heath.
Discussants:
J. L. Thompson.
F. A. Morrison.

Meeting of March 19th.
Clinical Night at Indianapolis City Hospital. Cases and Clinicians selected by the Superintendent.

Meeting of March 26th.
Symposium on La Grippe:
Etiology and Pathology,
C. S. Little.
Symptomatology and Diagnosis,
F. O. Dorsey.
Treatment,
S. E. Earp.
Discussants:
O. N. Torian.
Edgar F. Kiser.

BOOK AND JOURNAL REVIEWS.

The Practitioner's Medical Dictionary. An illustrated dictionary of Medicine and allied subjects, including all the words and phrases generally used in Medicine, with their proper pronunciation, derivation and definition. By George M. Gould, A. M., M. D., author of "An Illustrated Dictionary of Medicine, Biology and Allied Sciences," "The Student's Medical Dictionary," "30,000 Medical Words Pronounced and Defined," "Biographic Clinics," "The Meaning and Method of Life," "Borderland Studies," etc.; Editor of "American Medicine." With 388 illustrations. Octavo; xvi + 1043 pages. Flexible leather, gilt edges, rounded corners, $5.00; with thumb index, $6.00, net. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia.

The following has been said as to the distinctive merits of the work, which are approved and reproduced:

This book is in every respect and detail new. Its object is to supply the practitioner with trustworthy, modern definitions of essential medical words and terms.

It is based on recent medical literature.

It contains among other new features the terms of the Basle Anatomical Nomenclature (BNA).

The standards of pharmaceutic preparations as authorized by the eighth decennial revision of the United States Pharmacopoeia are given.

Tables of signs and abbreviations used in general medicine and the specialties, and of the English and metric systems of weights and measures are introduced.

It has been made up in a form most suitable for ready reference, complete in text and illustration, and attractive in appearance. Printed on tough, thin

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paper, excessive weight and bulk is eliminated, while the dull surface of the paper, together with the employment of new clear type, facilitate ease and comfort in reading. The book will lie perfectly flat at any page to which it may be opened.

That, before the issuance of this special work over 200,000 copies of Dr. Gould's other medical dictionaries had been sold, is sufficient attest that this work is worthy the most earnest consideration of every active practitioner. EARP.

The Ear and Its Diseases. A Text-Book for Students and Physicians. By Seth Scott Bishop, B. S., M. D., LL. D., Honorary president of the Faculty and Professor in the Post-Graduate School and Hospital of Chicago; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital, etc. Illustrated with 27 colored lithographs and 200 additional illustrations. Royal octavo, 440 pages. Bound in extra cloth. Price, $4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

The book is divided into forty chapters. The first five chapters are on the anatomy of the ear.

Chapter XXII is on "Adhesive Inflammation of the Middle Ear." Chapter XXV on Chronic Suppurative Inflammation of the Middle Ear. "It seems unnecessary to remark that a perforation of the drumhead always exists." On page 255, "Many other remedies are commonly used, but it is the author's purpose to give only what years of experience have proven to be the most efficacious and to inform the practitioner upon the relative merits of those that have been given extensive trials.

The operation for brain abscess is described before the mastoid operation is mentioned. "The aspirating needle or sharp bistuory is introduced through the trephine opening." No instruction as to the direction or depth of this introduction.

The author's periosteum elevator is of good old European pattern, as most of the other of the author's instruments.

E. de W. WALES.

A Treatise on the Motor Apparatus of the Eyes. Embracing an exposition of the Anomalies of the Ocular Adjustments and their Treatment, with the Anatomy and Physiology of the Muscles and their Accessories. By George T. Stevens, M. D., Ph. D. Illustrated with 184 engravings, some in colors. 496 pages, royal octavo. Bound in extra cloth, beveled edges, $4.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

This volume undoubtedly has been prepared for the benefit of the opthalmologist and the men who are directly interested in the muscles of the eye. It is a sequel to the author's "Functional Nervous Diseases," published in 1884, and contains much that is new and original. Part 1, devoted to the "Anatomy of the Motor Muscles of the Eyes and of the Parts Accessory to Them," being particularly interesting and instructive. The section on "Clinical Features of the Non-Strabismic Anomalies of the Ocular Muscles" contains much practical knowledge and is well worth a careful perusal.

KAHN.

REPRINTS RECEIVED.

"Bacteriology of a Case of Dendritic Keratitis," by George F. Keiper, M. D., LaFayette, Ind., and Frank R. Spencer, A. B., M. D., Boulder, Colo. Reprinted from The American Journal of Ophthalmology, St. Louis, Mo.

"Occlusion of a Branch of the Central Artery of the Retina." By Geo. F. Keiper, A. M., M. D., LaFayette, Ind. Reprinted from Ophthalmology. January, 1907.

"Stomach Trouble." By Thomas B. Eastman, M. D., Indianapolis, Ind. Reprinted from Indiana Medical Journal. January, 1907.

"Aortic Aneurysm Treated by Introduction of Fifteen Feet of Silver Wire. Death after Four Months." By Joseph Rilus Eastman, M. D., Indianapolis, Ind. Reprinted from N. Y. Med. Jour., Dec. 15, 1906.

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"Medical Specialism, with Especial Reference to Proctology." By Lewis H. Adler, Jr., M. D., Philadelphia. Reprinted from the Journal of the American Medical Association.

"Diagnosis and Treatment of Some of the Ordinary Diseases of the Rectum." By Lewis H. Adler, Jr., M. D., Philadelphia, Pa. Reprinted from the Medical Council, December, 1905.

"Some Remarks on Prostatic Hypertrophy." By Charles H. Chetwood, M. D., New York. Reprinted from the Therapeutic Gazette, December 15, 1906.

"Certain Facts Concerning Faucial Tonsils." By Charles M. Robertson, A. M., M. D., Chicago. Reprinted from the Journal of the American Medical Association.

"Removal of the Faucial Tonsil." By Charles M. Robertson, M. A., M. D., Chicago. Reprinted from the Journal of the American Medical Association.

"Prostatectomy in Two Stages." By Charles H. Chetwood, M. D., of New York. Reprinted from the Annals of Surgery.

"The Retention of Drainage-Catheters." By Joseph Rilus Eastman, B. S., M. D., Indianapolis, Indiana. Reprinted from the Journal of Surgery, Gynecology and Obstetrics.

"Text-Book of Psychiatry." A Psychological Study of Insanity for Practitioners and Students. By Dr. E. Mendel, A. O. Professor in the University of Berlin. Authorized translation. Edited and enlarged by William C. Krauss, M. D., Buffalo, N. Y., President Board of Managers, Buffalo State Hospital for Insane; Medical Superintendent Providence Retreat for Insane; Neurologist to Buffalo General, Erie county, German, Emergency Hospitals, etc.; Member of the American Neurological Association. 311 pages. Crown octavo. Extra cloth. $2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia, Pa.

There is no brief work in English on this subject that is comparable to this. It ought to be in the library of every physician and alienist in America. We can not say too much in commendation of the work. R.

"A Compend on Bacteriology, Including Animal Parasites." By Robert L. Pittfield, M. D., Pathologist to the Germantown Hospital. Pathologist to the Hospital for Lung Diseases, Chestnut Hill. Pathologist to the Widener Memorial School, etc. With four plates and eighty other illustrations. Philadelphia. P. Blakiston's Son & Co.

This little work, classed among the quiz-compends, is worthy the perusal of the expert as well as the student. It is an excellent handbook for the practitioner and a ready counsellor in the laboratory. R.

QUEERED HIMSELF.

Grace—I am told your sister has jilted her poetic fiance.

Alice—No wonder! He wrote a poem about her and called it "Lines on Mary's Face!"

TA-RA-RA-BOOM-DE-AY.

The Boston Globe wonders if the roller skating fad will bring back the bustle. There is often a conjunction between the two.—Taunton Gazette.

ABSOLUTELY NECESSARY.

"But surely," protested the lately departed Boston girl, "you are not going to take me to the—er—infernal regions?"

"Only for a few seconds," replied the attendant spirit. "We must thaw you out a little."—Philadelphia Press.

A REMINDER.

Cheaply: "Hello, old man, you seem to be in a brown study."

Popley: "Oh! hello; yes, I am. You see, my wife asked me to stop at the market for something and I can't think what it was."

Cheaply: "Here, have a cigar. Maybe that'll help you to think."

Popley: "Thanks. O! yes, I remember now; it was cabbage she wanted."—Philadelphia Press.

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NURSES DIRECTORY

TO THE physicians of the State we recommend the following nurses as being thoroughly competent and worthy any nursing you may desire done. Call them direct by phone or telegraph or procure any of these nurses by communicating with the Monitor, care of Dr. D. L. Kahn, 323 North Delaware street, Phone New 5900.

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CRANE, MRS. IDA, No. 4 The Roberts..... " " 5810
EVERNGHAM, MISS STELLA S., No. 24 The Ballard.... " " 5586
FETTIG, MISS CATHERINE, 1309 Broadway..... " " 4620
FLOYD, MISS ALICE E., 513 N. New Jersey St..... " " 5009
GALBREATH, MRS. ANNA, Lillie Snyder Home.....
623 N. New Jersey St..... " " 5285L
JEFFERS, MISS HARRIET, 941 N. Alabama St..... " " 4375
(General nursing except obstetrics.)
JOHNSON, MISS MINNIE HANCOCK, 1901 Ashland Ave.. " " 6530
MAXWELL, MISS LILLIE, No. 628 E. 11th St..... " " 2915
MCCARTY, MISS SADIE, 60 The Ardmore, 236 N. Del.. " " 2407
MCGREGOR, MISS ADA, No. 3 The Alexandria.. New Phone, Main 6085
MOON, MISS COSETTA, J., 2408 N. Illinois St.....New Phone 2861
OLIVA, MISS MARTHA, 513 N. Delaware St..... " " 1619
PROUGH, MISS CLEMENTIA, M., 1413 E. Eleventh St.. " " 2386
RUNYAN, MISS NELLIE, 1324 E. Eleventh St..... " " 5686
(Obstetrical nursing only.)
SCHNEIDER, MRS. BERTHA, 1614 Central Ave..... " " 6368
THAYER, MISS LAURA, No. 1012 Central Ave.....Old Phone 5362
WARNER, MRS. E. H., 2015 N Alabama St..... " " 6587
WHITENBERG, MISS LILLIAN, 1505 Woodlawn Ave.... " " 9880

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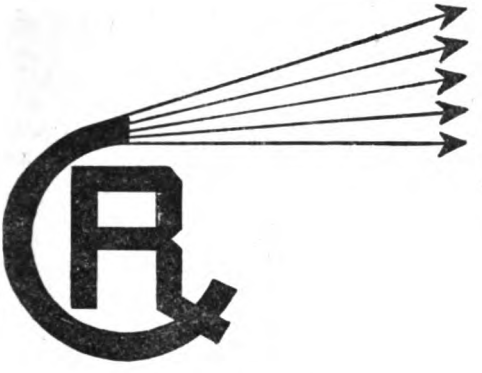

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in a prescription means much to the patient. Discriminating physicians, therefore, when prescribing an emulsion usually specify Hydroleine—the pancreatized form of cod-liver oil.

On account of its remarkably high percentage of oil and the quickness and thoroughness of its digestion and absorption, larger quantities of oil can be assimilated within a given time in the form of Hydroleine than in any other way. Hence, results follow promptly. Write for sample and literature. Sold by all druggists.

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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 823 N. Delaware St., Indianapolis, Ind.

For Sale.—Good 7-room house; fine cellar; good, large barn and 2-room office; all in fine condition; an ideal doctor's home at $2500; practice all good business; will introduce new man; purchase of property only requirement. Address Dr. V. L. Hodges, Point Isabel, Ind.

In his work on the Russo-Japanese war Von Oettingen describes a new method of wound dressing which he employed in thousands of cases. He and his colleagues in the field hospital never attempted to cleanse the wounds; they painted the surrounding area with a solution of mastic, placed a collargol tablet into the lesion, covered it with a sterile cotton pad, and applied a bandage. The mastic "arrested" the bacteria on the skin and prevented their migration into the wounds, especially because the dressing was immovable. The tablet immediately dissolved and penetrated into the crevices, whence the silver was absorbed. Collargolum has an indubitable antiseptic action and does not coagulate blood serum, so that the secretion flows off freely till the wound is clean; then a scab forms which soon drops off from the cicatrix.

He also used a 3 per cent. collargol-lactose dusting powder, which is even cheaper than iodoform, as well as 1:500 to 1:1000 solutions for irrigating facial sinuous wounds, the bladder, the urethra, etc. At laparotomies a 1:100 to 1:500 solution was poured into the cavities.

Collargol is a surgical antiseptic, to which no objection can be raised; it is non-toxic, non-irritant and obviates the need of working in phenol or lysol odors. The bichloride in the first aid packages should be replaced by collargolum, this giving a non-toxic antiseptic bandage kit.

In the Annals of Surgery, January, 1907, Dr. J. E. Blake reports laboratory experimentation with collargolized catgut, which shows that it has a marked inhibitory influence on bacterial growth.

The catgut is prepared as follows: Four coils of catgut, each containing ten strands, are wound on four glass slabs and placed for a week in a jar containing a 2 per cent. collargolum solution. The jars are shaken once or twice in the intervals. The slabs are then taken out, washed in sterile water till the excess of collargol is removed, and placed in 95 per cent. alcohol for 15 to 30 minutes. Then the individual strands are wound on separate spools, under aseptic precautions, and preserved in 95 per cent. alcohol till used.

Dr. Pilcher adds: Silverized catgut has since been used in all my operations (more than 500) at the Seney Methodist Episcopal Hospital. It has continued to give me abundant satisfaction and to justify all expectations. There has been a notable absence of infective accidents in an active general service which includes nearly every variety of operative interference. Silverized catgut has become established as a permanent factor in our operating room methods.

THE TREATMENT OF COUGH.

Cough, regardless of its exciting cause, is a condition that every physician experiences more or less difficulty in relieving. While the agents designed for its relief are numberless, it is a matter of common knowledge that but few of them are of general utility for the reason that although they may be capable of effecting relief, in doing so they either derange the stomach, induce constipation, or cause some other undesirable by-effect.

The ideal cough cure must combine sedative and expectorant properties without exhibiting the slightest system-depressant, gastric-disturbing, constipation-inducing or palate-offending action. Nor should it contain any ingredient the prolonged use of which would cause a drug-habit. Then, too, it must be of sufficient potency to produce the desired effect

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with the utmost promptness, for, in many instances the patient has indulged in self-drugging to a certain extent before consulting the physician; hence it is directly to the interest of the practitioner to demonstrate his skill by immediately relieving the disturbing condition.

It is now universally conceded that Glyco-Heroin (Smith) is the ideal cure for coughs of all varieties. This product embraces the lost active sedatives and expectorant agents in the exact proportions in which they exhibit their greatest remedial potency. It matters not what the exciting cause may be, the effect of this preparation is always immediate, pronounced and extremely agreeable. The cough is almost instantly suppressed, the expulsion of the accumulated secretions is stimulated, respiration is rendered free and painless and the inflammation of the lining of the air-passages is speedily allayed by its use.

Glyco-Heroin (Smith) may be administered for an indefinite length of time without any depreciation in its curative properties and without the induction of a drug-habit. It is of especial value in the treatment of pulmonary phthisis. It is pre-eminently superior in all preparations containing codeine or morphine.

AFTER OPERATIONS.

After an operation, be it simple or severe, it is always good practice to reinforce a patient's vitality. Gray's Glycerine Tonic Compound is eminently useful for this purpose.

CARBENZOL GIVES RELIEF.

Mrs. S. H., at 35 multipara presented suffering from ulcerated cervix, the ulcers extending to the vaginal mucous membrane of the cul-de-sac, the patient experiencing great pain and practically unable to walk.

After examination it was determined to use Carbenzol (Abbott). This was poured into the vagina through the speculum, and the whole vagina packed with antiseptic gauze and cotton, over all a "T" bandage. After dressing the patient said: "Why, Doctor, I am relieved; for the first time in six months I am without pain." After four days the packing was removed, the ulcers had entirely healed and so remain at this writing, over a month from the date of first treatment.

DR. WM. T. THACKERAY.

Chicago, Ill.

A TREATMENT OF SCROFULA.

"For several years I have been using Succus Alterans in my practice. Over a year ago I had a little patient, fifteen months old, that had a scrofulous infiltration of pus which burrowed beneath the entire scalp. Succus Atlerans effected entire recovery, and the child is now an apparently healthy boy, running about everywhere. Considered a wonderful cure by all who saw the case."—R. J. C., M. D.

"I have used Succus Alterans in syphilis and scrofula with most decided benefit. I noticed the first signs of improvement to be an increase of appetite and better assimilation of food. Patients gain in weight and sleep more quietly. The red blood corpuscles are greatly increased in numbers." G. C. B., M. D.

FOR THE NEURASTHENIC.

Oftentimes the neurasthenic patient can be promptly started on the road to recovery by a temporary change of scene and the use of a good tonic. Gray's Glycerine Tonic Compound is of especial value in these conditions of nervous exhaustion, and it often supplies just the right support and reconstructive action needed.

THINGS GOOD AND BAD.

Dr. Uriel S. Boone, formerly Professor of Pharmacology and Surgery, College of Physicians and Surgeons, St. Louis, says: "There is one thing bad about the grippe. Its victims instead of being rendered immune by the first attack, seem to become more liable to its recurrence. There is one disconcerting feature about it. Its symptoms resemble those of so many far more serious maladies. This country is full of people who are going about darkly ruminating, because of evidences of heart trouble, nervous prostration, dyspepsia, liver complaint and old age, "together with a plentiful lack of wit and weak hams."

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"There is one thing good about the grippe. It yields rather readily to the "antikamnia and quinine tablet" treatment. This remedy given in one or two tablet doses, every three hours, with plenty of rest in bed, and among pleasant and quiet surroundings, will work wonders.

"If suffering from nervous headache, nervous exhaustion, general nervousness, muscular aches, irritability or insomnia, administer one "antikamnia and codeine tablet" three or four times a day at regular intervals. Nothing equals this remedy in relieving the organic pains of women, and this without unpleasant after-effect. In these particular cases, prescribe one tablet every hour until three are taken."

LIQUOZONE.

Barred From Registration in U. S. Patent Office as Unlawfully Interfering With the Trade Mark GLYCOZONE.

Notice is hereby given that in a proceeding in the United States Patent Office, which is entitled The Drevet Manufacturing Company vs. The Liquozone Company, the name "Liquozone" was barred from registration in the United States Patent Office as unlawfully interfering with the trade-mark "Glycozone."

The individual or corporation in any way infringing upon the trade-mark "Glycozone," which is a lawful trade-mark (Glycozone being a thoroughly scientific and legitimate preparation for the treatment of germicidal diseases, etc.) and duly registered under the new trade-mark law, or selling of any merchandise labeled with any mark or name infringing upon the trade-mark "Glycozone," or in any manner resembling the same, will be prosecuted for damages to the full extent of the law."

"The experiments of Drs. Charteris and Latham prove that the presence of ortho and para-cresotic acids as impurities in artificial salicylic acid causes intense gastric irritation and depression of the heart; furthermore since artificial salicylic acid and its derivatives are eliminated in the urine they are destructive to the kidneys and should therefore never be employed for internal administration.

None of these objections apply to salicylic acid from natural sources or to its derivatives."

Attention is called to the fact that all the salicylic acid in the Tongaline preparations is made by the Mellier Drug Company from natural sources.

From time to time new coal-tar products are introduced, and very often these disappear within a few months after they have been brought to the notice of the profession, simply because they do not prove a special value or else have been found to exhibit dangerous properties. Not so with Phenalgin, which is a product put upon the market by the Etna Chemical Company, New York (London agent: Mr. E. J. Reid, Basinghall Avenue, E. C.). Phenalgin is ammonio-phenylacetamide. Like products of a somewhat similar composition it possesses three distinct properties. It is an analgesic. In this respect it bids fair to rival completely phenacetin, and is of special service in cases of neuralgia and headaches of various kinds. In dysmenorrhea it is likewise of great service, small repeated doses frequently acting as a charm in relieving this distressing complaint. Then again it is useful in reducing temperature. Here it finds a useful application in the hectic fever of tuberculosis, small doses being given with marked benefit in such cases. In fact Phenalgin is one of the best all-round antipyretic agents known, and is more reliable than any other product of similar origin. Lastly, it acts as an hypnotic, partly by relieving pain and partly also by allaying nervous restlessness, so often met with in diseases of various kinds.

The product is chemically pure, and is put up in pink-top capsules and in tablets. These capsules are made of the best gelatine and are absolutely free from all impurities, retaining their strength, it is said, for an indefinite period. The tablets contain 2½ grains of phenalgin, and the capsules five grains each of the powder. The dose ranges

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from 2½ to 10 grains, repeated in half-an-hour if necessary. In cases of dysmenorrhea ten grains should be taken every half-hour until relieved. At least these are the directions given by the manufacturers, but probably much smaller doses will be found sufficient. From personal trial of Phenalgin we can strongly recommend it as a valuable substitute for phenacetin. Its great advantage is that it is not known to the public whereas phenacetin is, and apart from this it is a distinctly pure product from which good results may always be confidently expected. Samples and further particulars can be had for the asking at any time from the London agent, who will also answer any inquiries relating to this new remedy. We strongly advise our readers to give it a trial in their practice.—Medical Times, London, England.

THIS POCKET CASE FREE.

Dr. R. E. Mason of Charlotte, N. C., in an able paper in the Journal of the South Carolina Medical Association, entitled, "A Plea for a Simpler Materia Medica and More Rational Medication," makes the following strong, clear statement:

"I believe that the use of the active principles is one of the greatest advances in medicine in recent years because it is teaching men to think of the physiological action of drugs, to study the condition of the patient, and apply the drug that is indicated in doses sufficient to produce the desired effect instead of using compl/x prescriptions whose physiological action they can only guess."

Doctor, if you want to know more about the advantages of the active principles send your name and address with ten cents (to cover the cost of mailing) to the Abbott Alkaloidal Company, Chicago, and they will send you free this six-vial pocket case filled with representative single active-principles along with other samples and their complete price-list.

Make it twenty cents, in stamps, and they will include a copy of Dr. Abbott's Alkaloidal Digest, a 300-page crystallization of the essentials of active principle therapy with clinical applications.

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Samples free to those sending professional card.

BORDEN'S CONDENSED MILK CO.

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Largest Manufacturers of Milk Products in the World.

This is indeed a very generous offer. It is made, to be accepted once only, to every physician who will mention this Journal. We suggeset that you write at once.

PURPOSE.

Live for something, have a purpose,
And that purpose keep in view;
Drifting like a helpless vessel,
Thou canst ne'er to life be true;
Half the wrecks that strew life's ocean,
If some star had been their guide,
Might have long been riding safely,—
But they drifted with the tide.

—Robert Whitaker.

Johnny—Pa, did Moses have dyspepsia like you?

Father—How do I know. What makes you ask such a uestion?

Johnny—Why, our Sunday-school teacher says the Lord gave Moses two tablets.

—Press Item.

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ORIGINAL COMMUNICATIONS.

A NOTE ON THE URINARY ORGANS IN THE EMBRYO.

A. G. Pohlman, M. D., Bloomington, Indiana.
Associate Professor of Anatomy, Indiana University.

It is well known that the development of the human embryo repeats the ancestry more or less completely; or, to put it in Milnes Edwards' terse way, "Man climbs his own ancestral tree." The fact that organs occur in the embryo which have no later function means that these organs are directly of use to the human being when in the embryonic stage or that they are ancestral in character. A great deal of unnecessary stress has been laid upon the usefulness or functional necessity of certain organs in the embryo because of their appearance, when in reality we may consider them phylogenetic reversions or rudiments. The question we would like to bring up is, "Is there any necessity of urinary excretion on the part of the human (or any mammalian placental) embryo up to the time of birth?"

The mesonephros or Wolffian system represents a transient kidney in the mammal. It persists in part as the seminal duct and means of communication between the duct and the testis in the male while in the female it is represented in the parovarian and paroophoron which occasion our attention in disease. The bilateral glandular body attains its highest development in an embryo of 7-10 mm. (2) (roughly 25-35 days gestation) and is well supplied with vessels from the abdominal aorta. Its histology is that of an excretory glandular organ and it is connected with the terminal gut segment (cloaca) by a patent duct. The permanent kidney at this time is a mere bud lying within the true pelvis. We may object to a urinary excretion of the part of the mesonephros on the ground that the cloaca is not in communication with the amniotic sac; and that there is no balooning out of the cloaca (or allantois) to receive excretory products.

Again the mesonephros undergoes active degeneration before the kidney is in a condition to take up an excretory function (Hill in pig (2); Pohlman in Homo (3)). According to the doctrine of "necessity," therefore, the embryo must exist for a period up to about the

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third month without any means of diffusing the urea except by osmosis. Logically if the embryo can exist for the first three months without excretion on the part of the urinary system why could it not for the remaining six? The answer may be stated in two words—it can.

There is every reason to suppose that the enormous metabolism taking place in the rapid embryo growth results in large quantities of waste matter. Such at least is the case in the bird and is substantiated in the human being by the decided increase of urea excreted by the pregnant woman. The urea and what not has two routes in passing to the maternal blood, either through the placenta or through the amniotic fluid by diffusion. The objections to the latter route are as follows:

1. The embryo must exist for a certain period of time without any excretion of waste products.

2. The liquor amnii at no time shows an excess of urea beyond that found in any serous effusion.

3. Children with atresia of the urethra go to term and are otherwise normal and without distension of the bladder.

4. Monstrosities have gone to term with no kidneys.

5. The recent find of Corrigan.

Corrigan (1) treated a pregnant mother with methylene blue for some time before the birth of the child. At birth the liquor amnii was normal, but at the first urination the child passed green urine, showing that the child did not urinate in utero and that some of the drug had passed the placental barrier.

I believe we may safely infer that the urinary organs have no urinary function in the embryo and that the placenta excretes the waste products just as it excretes the carbon dioxid.

However it would hardly be satisfactory to believe that the mesonephros, an organ of such large size and with such rich vascularity, had no office in the development of the embryo apart from its ancestral character. The accepted definition of a gland states it to be an organ that elaborates something from the blood current—the product either to be passed to some surface or resorbed. This resorbtion of glandular elaboration is of great importance in the ductless glands such as the thyroid, parathyroid and suprarenal, and there is reason to suppose that all glands have an internal secretory function — that they all give something back to the blood current. This point is illustrated negatively in the thyroid gland which was once not ductless but which has subordinated it external secretory function to one of internal secretion, or positively in an organ we can scarcely call a gland—the testis or ovary—where it is well illustrated that the organ has an internal secretory function as well as one of forming the sex cells.

We have established (Hill and myself) an interesting relation between the mesonephros, kidney, sex organ and suprarenal. All these glandular (?) structures lie close together in the upper part of the dorsal abdominal wall in the embryo; all have the same origin, indeed the kidney is a "child" of the Wolffian system. If a gland elaborates something from the blood current then it can have no function until it is vascularized. The mesonephros is vascularized with its formation but the sex organ, kidney, and suprarenal body are not vascularized until the mesonephros begins to degenerate. This fact suggests in a way that the mesonephros may exercise a function of internal secretion, (4) which function is replaced by the various organs mentioned, one or all—most likely the kidney.

The vascularization of the kidney, suprarenal and sex organ at the same time is by no means a speculation derived from the microscopic study of serial sections. Not infrequently the renal, suprarenal, and spermatic arteries come from a common stem and the venous return from the left testicle to the left renal vein is the rule. Sometimes we find both spermatic veins emptying into the renals. It might be well to put a pin in the hypothesis of the influence of the length of the spermatic veins on the position of the testicles. In all cases the left was the lower, showing that blood pressure has no influence on the position of the testicle.

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In review it may be granted that the urinary system does not excrete urine until at or about the time of birth; that the necessary function of phylogenetic organs is not to be determined by their structure and that the function of the mesonephros (Wolffian body) if any is one of internal secretion—replaced by the kidney, suprarenal and sex organ—most likely the former.

1. Corrigan, Jr. Amer. Med. Assoc., March 16, '07. "Passage of methylene blue from the maternal to fetal circulation, etc."

2. Hill, Johns Hopkins Bulletin, Feb., 1905. "On the first appearance of the reval artery and the relative development of the kidneys and Wolffian bodies in pig embryos."

3. Pohlman, Johns Hopkins Bulletin, February, 1905. "Note on the development relations of kidney and ureter."

4. Pohlman, American Medicine, Dec. 10, 1904. "Has a persistence of the Mullerian ducts any relation to the condition of cryptorchidism?"

GASTRO-ENTERITIS.

By John T. Scott, M. D., Indianapolis.

This disease is characterized by pronounced inflammatory changes, differing from other diseases which simulate it or bear a close relationship to it. The mortality rate is higher and at times it is difficult to differentiate between this disease and some of the other intestinal inflammations which appear during childhood.

It is encouraged by a debilitated state, and illy nourished children succumb most quickly. The poor class of people who live in tenement houses and in thickly populated districts are likely to have children who are neglected in almost every sense and these are the ones that increase the mortality of this disease. However, the children of the wealthier class do not escape.

Gastroenteritis may follow any acute disease, for instance indigestion, the erythematous diseases, etc. Diet is a causative factor, especially when the constituents of the food are below par in quantity or quality or both. This especially applies to the proteids and fat; it is also true that ill results may be due to fermentative changes and the selection of food may be inappropriate for the digestive powers. If the stools turn green after passing it is due to the oxidation of bilirubin, and indicates that there is something wrong with the secreting organs. If the cause is not soon removed the stools become slimy and there is distension from gas. There is an irregularity of peristalsis and the gastric irritation is well pronounced. Vomiting is a feature, and such matter is generally composed of undigested food. The word catarrh is generally used to designate such conditions and it principally applies to infants, the majority of which are either using milk for a diet or have just begun the use of mixed food. Acute cases sometimes show especial violence and in most instances are confined to children two or three years old who have had some irritation of the gastro-intestinal tract.

Summer complaint is a term applied to cases of gastro-intestinal disorders characterized by diarrhea and vomiting. It is generally severe, may be epidemic, has a high mortality rate, and as a rule occurs in children under five years of age. This particular condition has for predisposing causes filth, bad ventilation, unhygienic conditions, high temperature, bad food and water, and we recognize that its relation to microbic infection is beyond question. The details of symptomatology are too familiar to the practitioner to need repetition.

TREATMENT.

Prophylaxis assumes some importance. To prevent the further ravages of the disease, and to look well after diet and

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hygiene are important factors to be considered. Cleanliness, fresh air, withdrawal or restriction of food at the outset, cleansing the alimentary canal with saline laxatives and copious administration of drinking water, are all matters of primary importance. When food is given it should consist of egg-water, whey and barley-water, and it may often be beneficial to wash out the stomach with boiled water to which has been added some antiseptic; this is especially true if there be severe vomiting. Castor oil or calomel are sometimes administered with very gratifying results; in fact, if given quite early it seems sometimes to abort the disease. If the stools are foul smelling, salol or sulpho-carbolate of zinc may be used. It has been said that if the stools are green lactic acid should be used, and if greyish-brown, calcium phosphate. If there is distention of the bowels charcoal and bismuth in powder form may be given. Hot water injected into the bowel will do good. To it may be added salt or boric acid; some have used salicylic acid or quinine. Colicky pain calls for hot fomentations and occasionally camph. tr. opii., but the latter should be used cautiously.

The later treatment should consist of the gradual administration of easily digested food, or if necessary predigested food. If there is exhaustion it may be necessary to use strychnia, atropia, aromatic spirits of ammonia or brandy. In all these cases we should recognize that we have to deal with acute poisoning, hence to clean out and keep clean is very important. A mistake too often made is the withholding of water. The frequent discharges from the bowels produce a great loss of fluid and the child must have water—if not by the mouth then per rectum or hypodermically.

The nervous symptoms may be alleviated by the use of small doses of hydrate of chloral, especially in the earlier stages of the disease. The bath is potent for good not alone to combat fever but to sustain the nervous system, and if commenced early it will frequently prevent severe nervous manifestations, ward off complications and counteract the tendency to depression. The latter is a prophylactic, palliative and curative therapeutic agent. I believe its judicious use will be followed in every instance by the most gratifying results.

A SYNOPSIS OF THE HISTORY OF SYPHILIS.*

By J. W. Crismond, M. D., Anderson, Indiana.

There can not be any definite time designated as to the earliest history of syphilis, it is so intricately interwoven with ancient mythology. Many writers of eminence regard its history as coeval with civilization. Literature upon the history of syphilis teaches us that it is one of the most ancient maladies; and that it is cosmopolitan excepting among savages who have not received the inestimable blessings of civilization. Under various names the disease has been described in the earliest written history of every part of the globe. One Chinese account of it dates back to the writings of Hoan-Ti, B.C. 2637. In India its records appear in the Ajur Vedas of Sucrutas, A.D. 400. Hippocrates and later writers describe it as existing among the ancient Greeks. Celsus speak of it among the Romans.

Syphilus was the name of a shepherd in the Latin poem of the Italian physician Fracastori, who it appears was very devoted in his prayers and sacrifices to Venus Aphrodite, for some cause or another he neglected his customary sacrifice to the goddess. This neglect of so important a homage offended the goddess, thereby she caused Apollo to afflict Syphilus as a punishment, and thus the disease became known as syphilis. Apollo being the Roman and Greek god of medicine, music, prophecy and poetry, Syphilus certainly did not consider his affliction *munus apolline dignum*. In the

*Read before Madison County Medical Society, February 26, 1907, at Pendleton, Ind.

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literature of those times, the disease was usually known in each country by the name of some other country, and was designated as the *Mal Anglais*, *Morbus Gallicus*, *Maladie de Naples*, *Pox*, *lues Venerea*, etc. The Abbie Brasseur de Bourbourg writes that numerous documents in the language of the tribes of the Valley of Anahuac have proved to him conclusively the existence of syphilis in America prior to the discovery of Columbus. Those who read the Old Testament attentively, particularly certain psalms of David, may find ample evidence of the existence of the disease among the nations and the tribes of the Orient in biblical times. The existence of syphilis in very remote periods of the history of mankind is thus demonstrated. In proof of this statement we have but to refer to the Pentateuch, if we believe the interpretations of that history.

We find in the book of Leviticus a compilation of sanitary laws and rules written by Moses, that are accepted today as the very acme, in many respects, of sanitary wisdom. In this book the Judaic law-giver enunciates and defines his laws and rules with such nice discrimination as to their observance and explicitedness as to their application, that the experience and wisdom of later centuries have not been able to improve. In the application of these laws and rules for self protection as well as others, he lays down directions as to what to do in case there is a flow from the penis.

This can not be interpreted as having reference to the flow of semen from the male organ, for it is certain that the Jews did not regard semen as unclean, for they knew that upon it depended the perpetuity of the nation. It is but a reasonable supposition that the flow here referred to is of a purulent character, and consequently gonorrhea, which latter word signifies a flow of semen. What adds strength to this interpretation is the historical fact that these laws were not promulgated until after the Jews left Egypt and were out of bondage. Being among strange people and at liberty from the customs and usages of serfs, they had free access to sexual intercourse with women of other nations, the Jews fell easy victims to diseases which had been transmitted to them.

The first well authenticated record of its recognition in Europe dates from the year of 1494, when a notorious outbreak occurred in the army of Charles VIII of France, who was then besieging Naples. It was characterized by ulcers upon the genitals, pains in the bones, and eruptions upon the skin, and was known as the morbus gallicus or French disease. It spread to a fearful extent, and became a veritable terror in the land.

As the result of libertinism, Henry IV of France is designated in literature as one who was thoroughly saturated with syphilis. It is said of him that if a pretty face pleased him, that was sufficient reason for him to indulge his passion to satiety. Literature upon the subject says that after the abolition of the control of prostitutes, the percentage of those venereally diseased in the British army in Burmah rose to from 155 to 376 per thousand; on the other hand, in New Guinea soft chancre and gonorrhea are said to be unknown. But in Siam they seem to regard it as a special blessing, as it is a rare thing to come across a man, even if belonging to the highest circles, who has not had syphilis.

"Anciently the pictures of a sow was emblematic of a prostitute. The significance doubtless arose from the derivation of the word syphilis from the Greek words *Sus* and *Philos*, meaning, respectfully, sow and friend. To make the application more striking, it meant he was the friend of the sow. The friend of the sow was the man who consorted with the prostitute and acquired her disease. It is said there are still in existence some paintings in churches in Europe in which are given representations of young men riding on the backs of sows, and in view of what has just been said they are, to say the least, highly suggestive. In one of these paintings there is an attempt to be true to nature as the face and arms of the young men are blotched, and thus the artists endeavored to render his picture more demonstrative of the condition he wished to show."—(American Journal of Dermatology.)

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Many writers of distinction protest the conclusion of Abbe Brasseur de Bourbourg upon the most logical ground that syphilis did not exist among the Aborigines of America prior to the discovery of Columbus. They were a people of splendid physical manhood, possessed of active and receptive intellects, and whose prowess and endurance was the wonder and admiration of the Europeans.

As a people they were virtuous and honorable in their association and dealings with the females of their people. The clan, or gens, were the unit upon which was founded their marital relationship, and when found are the groups within which intermarriage is impossible; these are incest groups and in such incest groups degree of consanguinity is not considered. A man and woman belonging to the same clan or the same gens could not marry one another, even when the relationship was artificial. Husband and wife must always be of different clans; intermarriage in the clan was forbidden.

But yet it is a historic fact, as recorded in the "Life and Works of Washington Irving," that many of the Spaniards, who were with Columbus at Isabella, Island of Hayti, 1494, suffered the torments of a disease hitherto unknown to them, the scourge of which, as supposed, was the result of their licentious intercourse with the Indian females, the origin of which, whether American or European, has been a subject of great dispute.

The present accurate classification of venereal disease is in a large measure due to Ricord, of Paris, who published extensively concerning the subject in 1831. Later, in 1852, his pupil, Bassereau, made clear the difference between the local ulcer, i. e., "chancroid," the local lesion followed quickly by constitutional infection, syphilis, and the other local infection of the mucous membranes known as gonorrhea. Since this time and almost up to the present day a few writers have claimed, however, the unity of the poison, producing the first two lesions. Others have stoutly maintained their duality and distinctness and their view is now positively accepted by all writers.

Treatment.—The ancient routine treatment for *lues*, in the early part of the Sixteenth Century, was heroic in the extreme. The treatment was not only heroic but it was radical and effectual in eliminating the disease from the patient's system, as well as the patient from this mundane sphere.

The administration of the treatment, which was so universally successful in annihilating the disease and the patient, is certainly open to criticism on account of its somewhat crude and indelicate methods of application, which would not, I opine, appeal to the more esthetic ideas, habits, taste, and feelings of the average syphilitic of the present age.

To use the expression of a late writer upon this subject, "the treatment was more *fortiter in re* than *suaviter in modo*," or in plain English, with more firmness (roughness) in action than gentleness in manners (methods). It doubtless would have been more to the liking of the poor victims had the rule been reversed and made *suaviter in modo, fortiter in re.* We are informed that one act in the treatment of this disease consisted of having the patient "pass through the stew-pan."

This "stew-pan" was a brick oven built for this purpose. The patient was liberally annointed with mercurial ointment, applied by means of a wooden paddle, which was laid on with thoroughness and vigor. The ointment was prepared in a wooden pail, which would seem to indicate its plentifulness and that there need be no parsimony in its application. When several victims had been prepared according to custom they were placed in the "stew-pan," whose temperature was maintained close to 160 degrees F., and left there for about 36 hours, so as to give the medicine a chance to "cook" in. After the patients had been immured in the brick oven sufficient length of time, necessary to cook the ointment into the body, the doors were opened, and the victims who had succumbed to the "stewing" process were taken out and interred, while those who had survived this heroic treatment were laid aside to be buried later.

Do not think me presumptious when I take the liberty to state to this society

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of learned physicians that only a few survived this barbarous treatment for a very brief period of time, and while thus enduring this inferno suffered all the torments of hell itself until released by the kindly hand of Death.

Reviewing the history of syphilis from the ancient to modern times, its history, pathology and treatment, the vaunted remedies, the fruit of our more intricate knowledge of physiological chemistry, the more fastidious and potent products of the pharmaceutical laboratory, we fail to discover but little, if any, improvement in the treatment over ancient times. It is only as to the stage of the disease in which certain remedies are to be administered, and when certain others should be withheld, and the technique as to the application of remedies that we can justly lay claim to advancement in the treatment.

After all is said and done, as to how to rid the system of the dreadful, loathsome disease, there is but this inevitable *dicta, Mali principii finis.*

ROSEOLA: DRUG APPLICATIONS.

By W. C. Abbott, M. D., Chicago, Ill.

The fever is moderated and headache relieved by aconitine, gr. 1-134, every half to one hour, regulated by age and effect.

Begin by giving calomel gr. 1-6 every half hour for six doses, followed by saline laxatives enough to flush the bowel completely.

Follow flushing with sulphocarbolates enough to deprive the stools of all unpleasant odor. Keep up this and saline flushes throughout, daily.

If there is a tendency to weakening sweats give atropine enough to seal up the leaky skin; gr. 1-1000 every half hour till effect.

The sore throat is usefully treated by hydrastine a grain to two ounces of water, used as a gargle or in small frequent doses swallowed.

Saturated solution of salicylic acid is one of the most effective lotions for the mouth and throat. Use as often as possible.

For the cough and other catarrhal symptoms and to maintain elimination give emetine gr. 1-67 every hour unless nauseated.

If the eruption fails to appear or goes in, give pilocarpine gr. 1-67 every five minutes till sweating or salivation is manifest.

Tardy or retrocedent eruption with profound systemic depression should call for atropine in full dose to flush the skin.

The benzoates and benzoic acid have values as antiseptics, and may be selected if there is urinary irritation also. Dose to effect.

It has been claimed that mecury biniodide is a systemic or hemic disinfectant; a child may take gr. 1-134 every one to three hours.

Here as elsewhere marked deficiency in elimination (or sthenic fever) is to be met by veratrine, small frequent doses to effect as causing nausea.

If there is cardiac weakness give enough digitalin to restore normal vascular tonicity, but do not overdo this matter.

As a rule, these infective children's fevers require free elimination rather than cardiac support.

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Sometimes the irritative cough may require a few granules of codeine, gr. 1-67, best used as lozenges, dissolving on the tongue.

The room must be at all times thoroughly ventilated; the worst thing possible is to shut the child in with its own exhalations.

A little steam disengaged in the room softens the air and goes far to prevent cough and render opiates unnecessary.

The diet must be fluid, bland, and such as the child will relish; never neglect to supply fresh fruit juices freely, every day.

During convalescence the patient must be carefully seen to, and mild tonics and blood restoratives given.

First, last, and throughout, maintain elimination at the normal point and do not allow the powers to sink under the toxic depression.

Warm baths charged with ammonia or soda relieve irritation of the skin and favor elimination through this channel.

Irish moss tea, with a granule of quassin and a few drops of phosphoric acid, sweetened with a trace of licorice, makes an admirable beverage.

GENITO-URINARY AXIOMS.

By Noah E. Aronstam, M. D., Detroit, Mich.

If retrejections and deep instillations have failed to effect a cure in chronic specific urethritis involving the posterior portion of the canal, we may have recourse to insertion of sounds that have been thoroughly lubricated with an ointment composed of gr. ii of silver nitrate and gr. x of balsam Peru to one-half ounce of lanolin, and left in situ for at least ten minutes. This procedure is to be repeated twice weekly for a few weeks, when a gradual decline of the discharge will be observed.

2. Folliculitis of the sebaceous follicles of the preputial sulcus complicating gonococcic urethritis may at times prove a very obstinate local affection, which in spite of faithful treatment will be very slow in yielding. The best remedy in those cases is *division of the sac* and subsequent cauterization of the cavity.

3. Epidydimitis is not always of gonorrheal origin. A large prostate occuring during senility, and the unjudicious passage of sounds which are prone to carry infectious material into the posterior urethra are occasionally responsible for this affection. Never fail to examine the prostate in an obscure or so-called "idiopathic" epidydimitis, as we may be able to determine the cause by a simple palpation of the gland.

4. The left seminal vesicle is larger than the right; so that when palpating the prostate for spermocystitis do not forget this point and regard an otherwise normal vesicle as abnormal or pathologic. It is not always easy to reach the seminal vesicles, and the physician with a long, slender finger will readily detect it near the base of the prostate gland, one on each side.

5. In circumcising children of tender age it is not necessary to suture the mucous membrane of the prepuce to its cutaneous portion, as coaptation and healing by first intention takes place without the agency of any suture material.

6. For leucoderma of the scrotum and other regions of the body the combined administration of adrenalin, thyroid extract and arsenious acid may restore the pigmentation to these parts.

7. Beware of high and forcible irrigation lest we create more evil by its unjudicious and routine employment. Cases of epidydimitis, posterior ureteritis and even urethritis and obliteration of the lumen of the latter structure has been known to follow its use in the haphazard and unintelligent fashion some are wont to indulge in.

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8. The most aseptic precautions must be adopted in removing or abating genital papillomata, as the foreskin, glans and sulcus is very susceptible to ulcerations on the slightest provocation.

9. False channels or diverticula of the urethra will give rise to symptoms of chronic urethrorrhea even after all traces of a gonococcic urethritis have disappeared. These lacunae seem to encapsule or harbor some infectious matter which must be radically attacked in the form of a *division of the cul-de-sac* before complete cessation of the discharge ensues. After division is effected the sound for dilating purposes must be used for some weeks so as to prevent closure or adhesion of the unilocular channel thus obtained.

10. Ulcers situated on the anterior and internal aspects of the leg at its middle third are invariably due to syphilis; on passing the finger over the tibiae one is enabled to feel the nodosities concomitant with the ulcers. Kali iodid. internally in liberal doses and weak solutions of mercuric chloride externally in the form of wet dressings with proper support of the parts by even and snug bandaging from the toes up to the knee, will in the majority of cases lead to happy results.

WHEN PRIDE COMES BETWEEN.

So many of the little chafing problems of married life could be mastered, so many of the mists of misunderstanding could be dissipated by the sunshine of love, so many of the discords in the music of home could be translated into harmonies if false pride did not so often come between, writes William George Jordan in the April Delineator.

True pride is the guardian and protector of what is best in us; false pride is the sullen defender and apologist of our weakness.

Life has so much real pain and sorrow, so many dark clouds floating over the sky of home, care and trouble that seemingly no human foresight can prevent, that it seems almost extravagance to manufacture troubles merely to offer them as sacrifices on the altar of vanity, this false pride.

LAND O!

We sighted land at break of day—
A distant, mystic line;
A shore-bird circled us in play,
The gladness thrilled like wine.

Little we cared what land lay there
Beneath the young sun's fire;
Enough that from the Sea Despair
It seemed the Land Desire.

—James Owen Tryon.

BATHING THE BABY.

Many fathers stand aloof from the common domestic duties, not because they are so busy or because they are not willing, but because of ignorance.

How many men are there who would not gladly drop their business at any time and stay home and give the baby his bath, if they only knew how?

Yet in reality it is much simpler than it seems. Fill the bathtub full of any good water, first carefully removing all germs. Put your elbow in occasionally to see if it is the right temperature. If ice forms on your elbow you may know the water is too cold. If there are blisters then it is too warm. Be moderate in all things.

Take the baby firmly by both feet, and shake him loose from his flannel moorings, until you begin to see safety pins ahead. Then remove the safety pins with gas nippers, and unroll until the baby looms into sight.

Now, having put on your rubber coat, put one hand firmly under the baby's chest and the other on his back, and launch him on the still waters. When he has kicked all the water out of the bathtub, renew as before.

Be careful, while you are manipulating the baby, to keep him face down. Otherwise, you would not be able to put water anywhere else but in his mouth.—Tom Masson, in the March Delineator.

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WITTICISMS FROM EVERYWHERE

WAS THE BOY CURED?

An elderly gentleman was riding on a street car the other day. A boy began to laugh, and laughed so he couldn't stop. The old gentleman told his mother that the boy needed a spanking, and she replied that she didn't believe in spanking on an empty stomach, whereupon the man said: "Neither do I; turn him over."—Human Life for April.

NOT EASILY UNDERSTOOD.

"You attended the lecture last night–"

"Yes."

"What did the lecturer talk about?"

"He didn't say."

—George Frederick Wilson in Lippincott's.

DANGER.

"My wife's not out of danger yet,"
Said Jones, with anxious air.
"How's that?" said Smith, and Jones replied:
"The doctors are still there!"

—Harold Melbourne in April Lippincott's.

A SURE TURN.

"I see by the sermon this marnin' that Lot's wife looked back and turned into a pillar of salt."

"It may be, but wid me own eyes I see Dennis McGovern's wife look back and turn into a saloon."—April Lippincott's.

A MARK TWAIN STORY.

Mark Twain once received a letter from his brother, who complained that he was afflicted with a boil and the jumping toothache at the same time, and inquired if he had ever heard of a worse combination.

"No," wrote the sympathetic "Mark," "and I can imagine only one thing that might be worse—that would be to have inflammatory rheumatism and St. Vitus's dance at the same time!"—Edith Brownell in April Lippincott's.

THE JUDGE'S REPROOF.

Judge: Young man, you're making a good deal of unnecessary noise, I think."

Young Attorney: Your honor, I've lost my overcoat and am trying to find it.

Judge: Whole suits have been lost here, sir, with much less noise.—April Lippincott's.

HIS OWN IDEA.

Little Ted Brown was a strenuous lad, and had formed the not unusual habit of kicking and thumping his playmates.

One day his mother found him not only kicking and pounding one of his friends; but even spitting on him.

She was dumbfounded at this, and, taking Ted into the house, said to him: "Ted, I don't know what to make of you; I think the devil has got into your head and taught you this kicking and striking and spitting."

Ted, getting more indignant every second, looked up at his mother and said: "Well, the devil may have taught me the kicking and striking, but this here spitting is my own idea!"—Aldis B. Squire, in April Lippincott.

MEDICAL MAN'S LOVE.

I love a man that's honest,
A man that's truly good,
That would not cheat his neighbor,
That would not if he could.

I love a man that carries
One face with him, not two,
For while his head may bungle,
His heart is always true.

I love a man of courage,
That's not afraid to speak,
Who'll fight for truth and virtue,
Who ne'er grows pale or weak.

I love fair play forever,
I love a deal that's square,
I love to see a rascal
Get his apportioned share.

I love all schools and pathies,
I love Him, Her and It,
I love the whole profession—
But d— the hypocrite!

DR. OTTO JUETTNER,
Int. Jour. Therap.

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EDITORIAL.

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COLOR-BLINDNESS.

Railroad companies, manufacturers and in fact nearly all trades and professions are interested in the congenital amblyopia for colors. Errors resulting from this condition have been the cause of railroad wrecks, false convictions for murder and what not.

The disturbance is rare in women. Other than color-blindness the functions of the eye seems to be normal. The two classes are achromatopsia and dyschromatopsia. Schweinitz says, "according to Helmholtz's theory, three classes of partial color-blindness exist—blue blindness (also called violet blindness), green blindness and red blindness.

A person afflicted with blue blindness (yellow blindness according to Hering) sees only red and green. He usually confounds blue with green, purple with red, orange with yellow, and violet with yellow-green or gray.

A person afflicted with green blindness (red-green blindness, according to Hering). to quote from Thomson, confounds light green with dark red does not recognize a dark green letter on black, but recognizes well a red one on the same background. Preyer states that the most frequent confusions are: brown with dark green, red with green, red with orange, red with yellow, red-yellow with green-yellow, bluish-green with purple.

A person afflicted with red blindness (red-green blindness, according to Hering), again to quote from Thomson, confounds light-red colors with dark green, and cannot see a dark red square on a black ground. According to Preyer, the most frequent confusions are: red with dark green, yellow with green, green with bright red, bluish-green with gray, orange with greenish-yellow or with red, orange with golden yellow. with grass-green, or with red, purple with blue.

Red and green blindness are the most usual manifestations of color-blindness; the other type—blue blindness—is not common.

In the second variety. or imperfection in the color sense (reduced color-sense), the individual may correctly recognize brightly marked colors, but becomes confused in colors closely allied and in the various shades. To him violet and blue, and orange and red, are different distinctions. Dyschromatopsia should be distinguished from partial color-blindness. (Landolt.)

Congenital color-blindness must not be confounded with the various disturbances of the color-sense which result from diseases of the optic nerve and retina, or with those which are seen in hysteria. No treatment is of avail.

The article on color-blindness by Dr. Edward A. Ayers in the Century Magazine for April is interesting, instructive, and scientific. He calls attention to the photographic camera being so similar to the eye as a mechanical device that na-

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ture might easily prove infringement of patent. He shows how the eye excels the camera by sending positive pictures to the brain, moving in colors. The anatomy of the eye and the function of the optic nerve and its allies are outlined and add to its clearness, which will be appreciated by the general reader. Illustrations of how color is received by the eye are given, and how the retinal nerves and brain cells in the visual center are able to distinguish all color shades by the character of their vibrations. Very learnedly the author discusses color, color-blindness and varieties of color-blindness. The diagrams and colored plates which are splendid, show in one instance how colors appear to three classes of the color-blind, in another how a Venetian scene appears to a normal eye, and how it appears to the partially color blind, and thirdly diagrams show the proportion of visible to invisible colors, how the eyes may bear false testimony to the brain and the spot in the retina which cannot see, called the "blind spot." One of the prettiest plates which illustrates the author's ideas is a bunch of cut roses as observed by normal eyes, by red-blind eyes and green-blind eyes.

The reference made to artists and how they are affected by color-blindness and the theory of color-blindness is very interesting and will not only enlighten but will be a means of educating the laity.

Space will not permit us to give a further description but the article is so praiseworthy that it deserves its readers to be legion. The author says that his attention was drawn to the serious relation of color-blindness to railway and marine service in 1875 by a fatal railway accident in Sweden, which was due to the color-blindness of an employe.

Red and green are the most important colors used in signals, and are also the most frequently deficient in the color-blind. Today employes must have their color sense tested before taking service. Color-blindness is generally a defect from birth and cannot be overcome. It may be caused by shocks, jolts and the over-use of tobacco. Certain drugs cause temporary color-blindness. Santonin causes temporary blindness to violet.

MEDICAL CHARITY EVILS.

Free dispensaries are intended for those whose circumstances in life will not permit them to pay. Charitable institutions are intended for the worthy poor. People in good circumstances take advantage of the authorities of such institutions. It is an injustice to the physician and to the tax-payer—it is not honest. It is said that in the larger cities wealthy people sometimes stop their carriages a square away from a free dispensary, then walk to the reception room and wait their turn. A few of these patients have been detected and when their bill for medical service was sent to them they became indignant, but when the arm of the law reached for them the bill was paid.

The free dispensary evil has frequently been discussed by medical organizations and the medical press has tried to find a remedy, but their efforts have been futile.

Dr. George T. Palmer is publishing a series of editorials in the Chicago Clinic and Pure Water Journal relating to this subject. The second article appeared in the March issue of that Journal. He gives the dark side of the subject because anyone who favors justice and honesty knows that there is no other side to it.

A number of cases in point are given, one of which is as follows:

A short time ago, a ward patient, a woman, was being anesthetized, preparatory to operation. She was a charity patient. The patients husband approached the assistant of the surgeon who was to operate, and asked if he (the assistant) would endorse a bank draft for him. The draft was produced, and, to the astonishment of everyone present, it proved to be for the sum of one thousand dollars. (The astonishment was not occasioned by the fact that the man had so much money but that he was tactless enough, to show it there.) The surgeon immediately demanded that a reasonable fee be paid for the operation and indignantly asked what the man meant, by bringing his wife as a ward and charity patient, when he had this amount of available cash.

The explanation by the husband is the interesting feature of this tale. He stated that he had been advised by friends, in

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circumstances equally as good as his own, that ward patients were operated upon for nothing, and operated too, by the best men on the staff. He said that he had been told the patient could enter the ward, could be operated without fee and then, when she was sufficiently recovered to notice her surroundings, could be removed to a private room. This was the plan he had in mind. He was attempting no imposition. He was acting upon the information of his friends. *He did not know that operations without fee, were done in the name of charity, but merely took it, that ward patients were operated without charge, as a hospital custom!*

At this juncture someone inquired as to where the man had gotten the thousand dollars. He replied blandly, that *his wife's father had sent it, when he learned that his daughter was to undergo an operation!*

As a footnote to this interesting story, it may be said that the man had not asked, nor did he expect, to receive a cent of reduction in his hospital bill. We understand, further, that this was not a private patient of the surgeon, but was a hospital case.

Dr. Palmer also very severely condemns money making institutions owned by a non-medical man who employes a physician at a meager salary and by some hook or crook makes money to the detriment of the members of the medical profession, by methods that are far from ethical. To say that such things are an injustice is using too mild a term, and we will let the reader substitute a better one.

The institute question suggests to us the way some insurance hospitals are conducted; for instance one I have in mind will treat patients for one dollar per annum; outside of this fee no money is asked except for the medicine, for instance, a certificate, one of which I saw, is presented to the working men of a factory, and if five hundred signers are obtained it means five hundred dollars clear profit providing no one gets sick A mathematical calculation can be made on the same plan as we do in determining a life insurance risk and yet longevity differs from the risk taken in reference to sickness, still the principle involved is the same.

Now we readily see that every case of sickness means less profit but not a direct loss from the fact that the fund obtained by the sale of medicine partially if not wholly compensates such establishments. I know one which has from fifty to one hundred patients a day, some of whom are in good financial circumstances, comment is unnecessary to show the reader how far reaching is this evil.

To the writer Dr. Palmer said that "there is more to say on this subject" which is an intimation that his articles will be searching.

"GREENS" AS A FOOD AND MEDICINE.

Since everyone is seeking green foodstuff in early springtime it is of importance to know that "greens" are of some value other than a food. Some years ago in these columns I advocated the use of spinach and assigned to it some therapeutic merit, the gist of which is as follows:

(Monitor, December 15, 1898.—Public Health Journal, St. Louis Medical Gazette).

Prominent specialists claim that spinach is the most precious of vegetables, on account of its medicinal and strengthening properties. The emolient and laxative virtues of spinach, owing probably to the salts of potash it contains, have been long known. It is excellent for the liver, and as a consequence, freshens the complexion. Some vegetables contain a relatively large dose of iron. According to Boussingualt, the proportion is 0.00074 of iron in 100 parts of French beans, 0.0083 in 100 parts of lentils. Bunge has proved that spinach and yolk of egg are proportionately richer in digestible and assimilable iron than all the most renowned ferruginous remedies. Its great value and growing importance is shown in the fact that spinach is already an active ingredient in several new and very salable tonics.

The Medical Fortnightly for March 25, 1907, has the following to say in reference to "greens":

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These are days when we look for therapeutic discoveries in the laboratory rather than as an accidental development of bedside practice and the various herb remedies and home treatments which were a few years since popular even with the profession seem to have largely lost their grip in the day of bacteriology and pathology. To one who has a wholesome respect for some of the household remedies it is refreshing to read in the therapeutic value of "greens" in the Journal of the A. M. A. for March 9:

"C. Wilson and H. E. Pressly, Birmingham, Ala., report six cases, four of chronic diarrhea and two of amebic dysentery, microscopically diagnosed, which were successfully treated with a diet of "greens" composed of turnips tops. One of these patients, one going where the diet was not to be had, suffered a relapse and died the others continued well. Other vegetables, such as mustard, phytolacca and spinach are also mentioned as having been used to some extent. The attention of the authors was first called to the remedy by the recovery of an apparently hopeless case on "poke salad" (phytolacca) after leaving their care. Of the two cases of amebic dysentery, one patient had tried all the ordinary remedies and was ready to undergo an appendicostomy or an enterostomy, if it would relieve him, as his condition was extreme. The other was not so bad, but had given up his work and never expected to be able to take it up. Both made good recoveries under the "turnip greens" diet. Wilson and Pressly have also tried it in two cases of well defined gastric ulcer, in one successfully. The other patient was nearly moribund, and while he was able to take the diet better than anything else, it failed to save him. The method of cooking is important, as it is very unpalatable if not properly prepared. As prepared as a domestic dish in the south, ordinary bacon is used, boiled half an hour, and then the turnip tops, spinach, mustard of phytolacca tops are added to boil from one to two hours."

Having never eaten poke-weed salad, it having been looked upon with disfavor and suspicion in the section where we happened to spend our youth, we cannot speak for it, but of other kinds of greens we can vouch that they are agreeable medicine if medicine they be. We hope it proves true and that, when the truth is demonstrated, we may be allowed to continue eating greens rather than having the "virtue" extracted and dished up to us in capsules.

Harrington in his work on "Practical Hygiene" does not give much credit to such articles of diet, as nutrients and only incidently mentions a medicinal value. However practical experience always ranks first—an affirmative being worth many negatives.

Harrington says in reference to herbaceous articles of diet: "These include various leaves, stems and shoots. They contain but little nutriment, but are valuable for their salts and for the variety which they give to the diets. It is to be noted, however, that in proteids they are, as a class, equal or superior to the tubers and roots. They contain unimportant amounts of fat and sugar. The cabbage and allied plants are not easily digested, and on account of containing more or less sulphur, may give rise to disagreeable flatulence and are not suited to weak digestions. Spinach is regarded as slightly laxative. Celery is not easily digested in the raw state, but is easily borne when stewed. Lettuce, cresses and similar articles for salads are wholesome, digestible, and agreeable to the system. Asparagus, while containing but little nutriment, is particularly prized for its delicate flavor. Onions and leeks, being modified stems, belong in this group.

MILK FOR INFANT FEEDING AND HOW TO PREPARE IT.

The warm months are not far distant, and this is one reason why we should study the best methods for preparing milk for infants. An article in our original department calls attention to the management of gastro-enteritis. However, information of this character is appropriate at any time.

In reference to the principle of top milk the Medical Record says, Henry D. Wright Chapin read a paper on this subject.

He believed that the top milk method, when its advantages became thoroughly and generally known and appreciated,

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would undoubtedly displace all other methods. The strong point of this method was the ease with which percentages could be varied and the mixtures made by nurse or mother. The principles on which the percentage modification by the top milk method were based were very simple, and were as follows: The fat of the milk being lighter than the serum rises to the top as cream. The proteids and sugar remained distributed throughout the milk, but were slightly less in the rich cream of the upper layers. There were from five to seven ounces of cream to a quart of milk. If this cream was all removed along with enough milk to make sixteen ounces, there would be two pints of milk, one containing all the fat of a quart of milk, and the other pint being practically fat free. It was self-evident that the percentage of fat in the pint containing all the fat of a quart or two pints of milk would be twice that of the original quart. If this was 4 per cent. there would be 8 per cent. in the top milk. If all the fat was in the one-third of a quart of milk the percentage would be three times 4 per cent. or 12 per cent. In practice all of the fat would not rise in the cream, so this mathematical ratio did not hold exactly good. Milk did not run absolutely constant in fat percentage, so a margin of error must be allowed for. But by working on a 4 per cent. basis the error would always be only a little above or below the calculated percentage. The principles involved in the use of the top milk were (1) the use of milk bottled at the dairy as soon as possible after milking; (2) the rapid cooling of the bottled milk, which retarded bacterial growth; (3) the taking of definite quantities from the upper portion of the quart of milk which should include *all* of the cream. After these steps had been followed, preparation of the food consisted in simply diluting and adding sugar.

In reference to the use of cows milk for nurslings, the same journal says editorially:

In no instance is the importance of individual idiosyncrasy more marked than in the feeding of infants. Mery and Guillemot, writing in *La Tribune Medicale*, of November 3, 1906, do not pretend to be autocratic in their advocacy of raw cows milk in the feeding of infants. They refer to a series of observations which they have made, which prove the utility of raw cows milk as an ideal nourishment for certain nurslings. This milk has the advantages of being a living milk, containing soluble ferments which facilitate digestion, and phosphorus in organic combination, which is destroyed by sterilization. One patient referred to was a child weighing 3,335 grams at birth. It was nursed at the breast for two months. After the cessation of secretion of mother's milk, sterilized milk was methodically given, and the infant ceased to gain in weight. It was put on raw cows milk, and gained 530 grams in nine days. Children brought up on sterilized milk are pale and anemic; children brought up on raw cows milk resemble those that are breast fed. The difficulty in the use of this milk is that of obtaining it in an aseptic condition. These investigators believe that in certain cases this milk offers great advantages.

THE REASONABLE HOPE.

Experience and observation whisper that Nature never wastes any treasure, that she gathers up all fragments and that in her texture of gold and purple no stitches are broken and no threads are dropped. Following some unseen leader, everything is climbing up and marching on. The very things that seem wasteful, when a little time has passed, are found to be salvatory. The roseleaf that falls today lends a richer red to the morrow's petals. The foliage that falls from this year's oak makes next year's leaf hold a finer luster. The sand slabs still preserve the track of the bird. The air is a whispering gallery, on which thoughts are written upon an imperishable scroll. When the householder builds a mansion, he stores it with art treasures, with objects of use and beauty, that loved ones may enjoy and use and hand on from generation to generation and century to century. And think you that God builds the house of man's soul, and makes it beautiful with the hereditary treasures of a thousand artist ancestors, only to pull it down in death, and blacken it with ruin? Thou foolish doubter!—Rev. Newell Dwight Hillis in The Delineator for April.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

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INTUBATION IN LARYNGEAL DIPHTHERIA.

Dodson discusses the subject of laryngeal diphtheria, with special reference to intubation, in the Texas Medical Journal, March, 1907. He says in regard to those cases where nothing but operative measures promise relief, the physician has his choice between intubation and tracheotomy. Since the introduction of antitoxin, tracheotomy has been practically abandoned, it being resorted to only in rare cases, after intubation has failed to give relief.

The operation of intubation and extubation is not in itself difficult, the latter being more difficult than the former. Only two assistants are necessary, neither of whom need necessarily be a physician, and proceed as follows: Remove all clothing from the child except the underclothing, and wrap the child securely in a sheet from shoulders down, secured by safety pins. Place the child upright, facing the operator, in the lap of one assistant, who sits upright in a common straight-backed chair; the arms of the patient should be firmly held below the elbows; the child's legs are clasped between the knees of the assistant. The second assistant stands behind the chair and when the gag is introduced, includes it within the firm grasp. The position of the child should be as though it hung from the top of its head. The operator should have the tube properly prepared, and armed with a small string; this is necessary in case the tube should become blocked or be turned loose in the esophagus, it can be immediately removed. The operator now stands in front of the patient and inserts the index finger of the left hand, passing it well back into the pharynx, then bringing it forward until the upper border of the cricoid cartilage is felt; directly in front of the cricoid cartilage may be felt the epiglottis and the opening into the larynx. The epiglottis is hooked up, and with the tongue brought forward and upward, the tube is passed along the palmar surface of the index finger and guided into the larynx, when the tube has reached the opening of the larynx; the handle of the operator should be well elevated in order to prevent the tube from passing over the larynx and going into the esophagus. The tube is then released from the introducer and gently pushed home by the finger.

Tubes may be removed after two, four or six days; when it is seen that a greenish muco-pus is coughed up through the tube it is time to remove it. This is rather more difficult than its introduction. The general arrangements of the patient and the assistants are the same as that of introduction. The left index finger is placed upon the head of the tube, which is steadied externally by the thumb of the same hand; the beak of the extractor is introduced into the opening of the tube, and it is gently withdrawn, very little force being required. If the dyspnea does not return in three or four hours the probabilities are that the tube will no longer be required. SCOTT.

FLIES AS CONVEYORS OF TYPHOID INFECTION.

In concluding an article on the Etiology of Typhoid Fever, Gilmer (Carolina Med. Journal, March, 1907) says:

Why is it that typhoid fever is a disease of summer and autumn? We have seen that it is not an air-born contagious disease, else it would be a disease of winter and spring; but that does not tell why it is mainly confined to the former seasons. To attempt to answer this question has been the chief purpose of this paper, for that would give the one great and controlling agency in the causation of

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typhoid fever from year to year. But for this agency typhoid fever would evidently either entirely disappear, or become so infrequent as to be of little consequence; for we know how nearly it disappears in winter. This agency cannot be water, for the influence of water to keep up and extend the disease operates in winter and summer. Malaria and yellow fever, conveyed by the mosquitos, anopheles and stegomyia respectively; the Texas fever of cattle, by the cattle tick; and possibly the Rocky Mountain spotted fever and dengue, each, by a specific tick; as well as several other diseases, by various insects; all prevail in warm weather because that is the time these insects are active. May not flies, then, which are known to be conveyors of the typhoid infection, as well as that of some other warm weather diseases, be responsible for the almost exclusive prevalence of typhoid during the time of year they are most active? Under ordinary conditions, with no artificial protection against them, during the time that typhoid is prevalent, flies always visit all fecal discharges and all food, a thing that nothing else does. During this time no other agency approaches them in activity to convey the disease, and there is no other known agency which only operates to convey the infection in warm weather.

If the conclusions of this paper are well founded, more decided effort at prophylaxis should be made along certain lines where heretofore there has been but little done. Perhaps these efforts would be more fruitful of results than those preventive measures of the past, frequently thorough as far as they go, but disappointing in utterly failing to keep off the yearly visitations of the disease. SCOTT.

HYPODERMIC MEDICATION FOR ANEMIA IN ASSOCIATED OR SUSPECTED TUBERCULOSIS.

Shurley, in considering the treatment of anemias in associated or suspected tuberculosis by hypodermic medication (Jour. Mich. State Med. Soc., March, 1907), states that he has had under observation during the last two years a number of patients who have been treated with hypodermic medication of iron, arsenic, lecithin, sodium glycero-phosphate, iodine or guaiacol. And that when these valuable drugs are introduced hypodermically into the body through the lymphatic or capillary blood systems, the effects are more pronounced, more rapid, and quite as permanent as when administered by mouth.

Wherever iron is indicated, it may be given hypodermically in the form of the green ammoniated citrate or the arseniate of iron. Arsenic is best administered as Fowler's solution of the arseniate or the meta-arseniate of soda. These solutions may be combined, with or without the addition of glycero-phosphates of sodium or calcium. Strychnine also may be used in combination with advantage. A valuable formula in chlorosis is citrate of iron, 0.05 grams; meta arseniate of soda, 0.01 grams; glycero-phosphate of soda, 0.2 grams; strychnine sulphate, 0.001 grams.

He draws the following interesting conclusions:

First. This method affords a rapid, safe and certain therapy, especially where iron, arsenic, phosphorus or iodine is indicated. It does not interfere with other plans of treatment by mouth.

Second. Chlorosis will respond rapidly to this method alone.

Third. We can avoid gastro-intestinal irritation, constipation, injury to the teeth, and imperfect assimilation.

Fourth. Drugs that impair digestion should be avoided in tubercular anemias.

Fifth. We are certain that the patient receives the medicine in the dosage we desire.

Sixth. The anemic patient is continuously under observation, as an average of thirty daily punctures is required, and a definite diagnosis of suspected tuberculosis or other conditions can then be made.

Seventh. Solutions of iron introduced into the subcutaneous cellular tissue in over-doses of one and a half grains will produce nausea or vomiting within twenty minutes.

Eighth. The hypodermic use of iron and arsenic is a well established and successful method of treatment that deserves recognition in this country. SCOTT.

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TREATMENT OF INGROWING TOE NAILS.

There are a number of operations for this troublesome condition, none of which has given more than temporary relief. Howland (Illinois Medical Bulletin, February, 1907), describes his method of operating and claims for it permanent relief. He applies an Esmarch bandage to base of toe to prevent undue hemorrhage, injects a 1 per cent cocain solution, then with a narrow bladed scalpel, held perpendicularly to the toe and with the cutting edge away from the body, inserts the blade next to the nail and pierces the flesh at the base or root of the nail downward until the blade appears through the dorsum of the toe, then carries the knife forward, following the groove, always hugging the nail closely, until the flap is severed in front. The condition now is a slice of the toe split off from the offending side, but attached at the base. This flap is removed by a second incision meeting the first at nearly a right angle.

The nail is now exposed from base to tip, where it had been buried in the flesh. The rough points are trimmed off, a couple of thicknesses of gauze covered by gutta percha tissue or oiled silk placed under the now easily raised corner of the nail. Bismuth subnitrate liberally applied upon the raw surface, aseptic gauze dressing placed over the tissue, and over this a narrow roller bandage giving moderate pressure, otherwise there would be too much hemorrhage after removing the Esmarch. This is left on for two or three days and renewed. The healing now progresses rapidly, leaving a slight cicatrix still further retracting the tissues from the edge of the nail. When properly healed there is absolutely no chance for a return of the trouble. SCOTT.

PAIN IN THE GROIN.

In a lecture to post-graduates on "Pain In the Groin," Sir William Bennett (*The Lancet*, February 2, 1907, p. 269) says:

"Several years ago, by one of those coincidences which are not rare in practice, I was consulted within forty-eight hours by three patients solely on account of pain in the fold of the groin, without swelling, tenderness or any other objective symptom within the immediate neighborhood."

This led him to investigate the cases and subject carefully, and he has constructed a table of fifty-four cases in which pain in the fold of the groin was the only symptom complained of, which gives a general idea of the cases as far as a diagnosis was practicable. It is as follows:

INCIDENCES OF PAIN APPARENTLY FROM ABOVE.

	Cases
Prolapse of the ovary	1
Omental umbilical hernia	1
Tumour of the pelvis	1
Malignant disease of the rectum	1
Stone in the bladder	1
Stone in the ureter	3
Stricture of the urethra	2
Moveable kidney	1
Cyst of the testicle	2
Retained testicles	3
Intestinal diverticulum	1
Incomplete inguinal hernia	2
Traumatic lumbar hernia	1
Varicocele	3
Lateral curvature of the spine	2
Spinal abscess	1
Undetermined	2
Totals	28

INCIDENCES OF PAIN APPARENTLY FROM BELOW.

	Cases
Small omental femoral hernia	1
Small femoral hernial sac	1
Obturator hernia	1
Saphenous varix	4
Osteoma of the tibia	1
Femoral atheroma	2
Osteo-arthitis	1
Rider's sprain	4
Polypus of the rectum	2
Piles	2
Flat foot	1
Popliteal sarcoma	1
Old fractured tibia	2
Melanotic mole on the sole of the foot.	1
Varicocele	2
Totals	26

W. W. VINNEDGE.

TREATMENT OF OBESITY.

K. Bornstein (in Therapie der Gegenwart, 1904) emphasizes that there cannot

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be a routine method for obesity, but that each case must be treated on its own merits. The main portion of the treatment must be dietetic; exercise is also of considerable value, but medical treatment comes in a bad third. Carbohydrates and fats must be limited, as they are the main fat builders; the hunger of the patient may be appeased by larger quantities of rye bread and vegetables rich in cellulose, and therefore of slight nutritious value, such as peas, potatoes, etc. Potatoes are forbidden by many, but as they have such a slight food value, Bornstein considers them an excellent substance to feed fat people. He does not advise the limitation of water and soups; concerning the former he says, that the more water is taken, the better are the tissues cleared of waste products; beer he forbids positively. He also forbids fat and rich soups, but of thin soups he says, that as they do not have a nourishing value they are very suitable. Instead of sugar he insists on saccharin, inasmuch as it has no food value, increases the amount of stool, and acts as a diuretic.

Albuminous foods he advises, but says expressly he does not mean meat by albuminous foods, but rather vegetable albumins, as cheese, nutrose, plasmon, aleuronat, etc. Muscular labor must aid the burning up of the extra amount of albumins consumed, and of exercise, climbing is by far the best. He advises daily hot baths, as they induce freer elimination through skin and kidneys. Of drugs, iron and quinine should be given first place, and of other adjuvant measures, those regarding the bowels deserve consideration. CURRAN POPE.

PUBERTY AND ADOLESCENCE IN THEIR RELATION TO THE ETIOLOGY OF EPILEPSY.

W. P. Spratling, in thte New York Medical Journal, concludes as follows: 1. That we can and must in many cases of epilepsy that appear during the twelfth to the sixteenth and eighteenth years, coincident with the establishment of the menstrual flow in women, and with the passing of boyhood into manhood, ascribe to these changes the power of inducing well-defined convulsions that may be epileptic. 2. That except in the most remote and exceptional instances these periods alone in normal individuals have no power to induce epilepsy or even epileptoid phenomena. 3. That by searching carefully, we shall find, in most cases of epilepsy at this period, either a previous history of convulsions, usually in infancy, or a family and personal history so tainted with a tendency to disease, that epilepsy under the stress of puberty is plainly invited. CURRAN POPE.

THE SULPHATES IN CARBOLIC-ACID POISONING.

After reviewing the literature of the subject of the treatment of phenol poisoning by the sulphates, Torald Sollmann and E. D. Brown, Cleveland, Ohio (*Journal A. M. A.*, March 23), summarize the results of their own investigation as follows: 1. Chemical combination between phenol and a sulphate does not occur outside of the body, neither in neutral nor in weakly acid nor in weakly alkaline solution. This excludes at once all possibility of chemical combination in the alimentary canal or in the blood. 2. The blood pressure and convulsive effects of phenol are not modified in the slightest degree by intravenous injection of liberal quantities of sodium sulphate under any of the following conditions: (a) When phenol, even in sublethal doses, is introduced into the stomach and is followed within fifteen minutes by intravenous sulphate injection. (b) When sublethal doses of phenol are injected intravenously and followed promptly by the sulphate. (c) When sublethal doses of phenol are injected intravenously after the sulphate injection. (d) When an incubated mixture of phenol sodium sulphate and sodium bicarbonate is compared with a solution of phenol in sodium chlorid solution. (e) When the sulphate is injected immediately after cardiac stoppage from lethal doses of phenol. The conclusion that sodium sulphate, however administered, is not a chemical antidote, as suggested by Baumann, for acute phenol poisoning, follows clearly from the above. Details of the experiments, which were made on anesthetized dogs, are given. The apparent beneficial effect of intravenous sulphate injections observed clinically in some less severe cases is attributed by

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the authors to saline stimulation, as chemical combination could not have taken place in the time reported. They think that the method may have some value and deserves trial. S.

COCAIN CATAPHORESIS IN SURGERY.

D. T. Quigley, M. D., North Platte, Neb. (*Journal A. M. A.*, February 23), states his belief that half the operations performed could be done with his method of cocain cataphoresis and with much greater safety and less worry to both physician and patient. He states that he has used this method for removal of tumors of the breast, removal of lip for cancer, and in operations for hernia, hemorrhoids, birthmarks, moles and epithelioma. A piece of gauze folded four times is cut the size of the part to be anesthetized and is laid on the skin, which has previously been made sterile. The gauze is then saturated with the following solution:

Cocain hydrochloric.....3iss
Adnephrin or adrenal solution.....3ii
Sterile water q. s.....ʒii

The gauze saturated with this solution is covered with metal foil connected with the positive pole of an electric battery. The circuit may be completed by the patient holding in his hand a wet sponge electrode connected with the negative pole; or a large pad bandage to the skin near the part to be operated on. The time required for anesthesia is from 15 to 30 minutes, and may be longer for deep effect. Quigley asserts that he has never observed any bad effects from this method and suggests that the adrenalin may cause the absorption to go on so slowly that no systemic effect is observed or it may be that the amount of cocain which penetrates the skin is too small to cause any appreciable symptoms. E.

FRACTURE OF THE CLAVICLE.

It is frequently difficult especially in children, to secure adequate fixation of the fractured bone by any of the ordinary methods. Cordua says that in many instances good results may be obtained by putting the arm of the injured side behind the back in such a position that the finger tips touch the angle of the opposite scapula. It is not necessary, in most cases, to continue this form of dressing longer than the first few days, and it should not be kept up any longer than is required, as the patient is thereby prevented from sleeping either on his back or on the injured side.—Zentralblatt fur Chirurgie.

CONTRIBUTION TO THE CLINICAL STUDY OF SALICYLARSINATE OF MERCURY. (ENESOL.)

Thesis of Lyons, 1906. Louis Loquin, Arch. Internat. de L. d'O. & R. Tome XXIII No. 1, p. 290.

This new drug, by reason of its chemical composition, mercury and arsenic combined with salicylic acid possesses a special elective action on the nervous elements. It may be employed in pill form but best by subcutaneous injection. The author comes to the following conclusions.

1. The salicylarsinate of mercury has a very feeble toxicity.
2. Injections are not painful.
3. The therapeutic effects ought to be classed among the good mercurial salts for its special elective action on the nerve centers and especially on the medullary portions.

Injections are made in the retro-trochanteric fossa or in the muscular masses in the dorso-lumbar region. In general injections are made every four days of 0 gr. 03, a series of 20 injections; then the patient rests 8 to 10 days; then a second series of 10 injections. In certain grave cases a dose of 0,05gm. may be injected each day. The author has in certain instances given an injection of 0 gm. 06 every third day for 30 to 35 injections.

Several observations of patients with cerebral syphilis, tabes, and general paralysis have been so much improved by this method that the predilection of salicylarsinate of mercury for the nerve elements is shown.

E. DE WOLFE WALES.

A NEW INFECTION?

In the Journal of the American Medical Association for Aug. 11, 1906, and Feb. 2, 1907, Dr. Hirschberg of the Johns Hopkins School in Baltimore, reports 20 cases of a febrile condition whose symptom complex is different from that of any

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classic infection. In consultation recently this same symptom complex was met by the reviewer, who was unable to make a diagnosis unless he placed the case as one of the Hirschberg type.

The following is the history: Patient a healthy young man, age 17, resident of north part of State, on visit in the country near Anderson. Had been working on the farm up until day of taking sick. Saw doctor passing on the road—went out and stopped the doctor asking for some medicine. Said he thought he had a cold. Temperature taken by the doctor in the open air was 103-4-5. Doctor went into the house gave patient an examination. Found no evidence of any specific condition. Patient constipated. Pulse about 100. Some headache. The inoculation period could not be made out. Patient said he had felt alright until the day before. Patient continued to have high fever. Comparatively slow pulse, constipated. Saw patient in consultation on the 8th day. Temperature had been running irregular, 102 to 104. No typhoid curve, slow pulse and not dicrotic, abdomen flat. No special tenderness in right iliac region. No enlargement of spleen, no rose spots, no bronchitis. Patient perspiring freely but this was undoubtedly due to excessive covers and some medicinal agents that had been administered. Tongue coated, moist. No nervous or mental symptoms. No history of injury or signs of septicemia or pyemia. No enlargement of the spleen or history of malaria. No signs of ulcerative endocarditis. No history or evidences of a specific urethritis. The case continued for 20 days without any special change in the symptoms. Constipation and fever were the only symptoms requiring any attention other than nursing. Widal reaction was negative.

In Hirschberg's cases, 12 of the 28 occurred in young people from 16 to 25 years of age. There was no history of ptomain poisoning. The onset was acute. None over three days. There were no chills, an irregular high fever from the beginning, slow pulse and irregular, tongue moist. In most cases no tympanites or abdominal tenderness. No meningeal or pulmonary symptoms. No eruption. Blood count negative. Widal negative.

Those who may be interested can find articles on this supposedly new disease in the American Medical Journal for July, 1906, and Aug., 1906, the Medical World, July, 1906, and the American Medical and Surgical Journal for Dec. 26. 1896. This last article appearing 10 years ago reported an epidemic occurring among children but in none of these epidemic cases were our present conclusive tests made to exclude typhoid fever.

M. A. AUSTIN.

GUNSHOT WOUNDS OF THE ABDOMEN.

In the January number of the Louisville Medical Progress. an article by Dr. J. C. Pegram of Providence, R. I., reports a case of penetrating bullet wound of the abdomen passing through the spleen, stomach, vertebra and spinal cord. A laparotomy was performed and stomach wounds sutured with recovery and later a laminectomy was done and bullet removed from spinal cord and partial recovery from the paralytic symptoms. The laparotomy was done within two hours after the accident and the laminectomy on the 19th day. The report of this case brings to the reviewer added evidence of the importance of immediate exploration of the majority of gun shot wounds of the abdomen. Perforating wounds of the stomach by bullets of small calibre frequently give no signs or symptoms of their serious character. The nature of the several muscular layers in the stomach allow of an immediate closure of the small opening without the escape of even gas. In the August number, 1905, of the Central States Medical Magazine the reviewer reported 5 cases. One of these died on the fourth day, (no signs of abdominal injury warranting exploratory) and on post mortem it was found that the stomach was perforated in two places, and that the wounds were closed perfectly, not even gas escaping, though the stomach was greatly distented. The left lobe of the liver was also perforated and the bullet had lodged in the muscles of the back. The absence of peritoneal liver dullness is positive evidence of peritoneal distention, and perforation of the gastro

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intestinal canal, but the presence of normal liver dullness after a penetrating abdominal wound does not always imply an intact canal. Auscultatory percussion and auscultation of the abdomen will show the careful observer if he has had a training in this line of work, as much as he can gain with the same methods in examining the chest.

M. A. AUSTIN.

SOME TRUTHS ABOUT UTERINE DISPLACEMENTS.

The unfortunate woman with a pain in her back, that has lasted for several years has possibly had more occasion for thinking ill of the Medical profession. than the unfortunate victim of a bad vaccination who suffered more than his neighbor who had a mild attack of smallpox.

Our patients with female complaint and stomach trouble should be given the benefit of as careful examination as it is possible for us to give. Five cases of pulmonary tuberculosis seen by the reviewer in the past two months had had no pulmonary examination, and no sputum examination and had been treated respectively for winter cold, intercostal neuralgia, change of life, nervousness, and stomach trouble. This shows guess work, haste or negligence.

Lucy Waite of Chicago, in American Medicine, calls our attention to some of our superstitions concerning the so-called normal position of the uterus. German scientist have proven that the normal sized, non metritic movable uterus may lie in any position in the pelvis without producing symptoms, and in 20 cadavers Dr. Waite packed the rectum and sigmoid with cotton and found that these organs could be distended enormously without crowding the uterus in any way. Distending the bladder gave the same results. In spite of these demonstrations our text-books are filled with pictures supposed to represent the actual position of the womb in every normal woman. Any deviation from these unrealities is followed by a lot of meddlesome tinkering in an effort to make woman according to the picture books. We laugh when we hear of the woman who used a croquet ball as a womb support, yet she follows her own ideas with as much common sense as do many so-called specialists. There are occasional cases where supports are necessary. There are occasional cases where fixation operations are advisable; there are other cases and many more than any other class who are mentally sick in their gynecologic cerebral centre and all the tinkering that is done will not be half so effective as six weeks of Weir Mitchell treatment.

Let us get to classifying our patients, and diagnosing their diseases correctly, and not only the local symptoms but treat the *Patient* as well as her disease.

M. A. AUSTIN.

THE BUSINESS OF MEDICINE.

G. Strohbach, M. D. of Cincinnati read a paper on this subject before the Academy of Medicine of that city on January 14, '07. The paper together with the discussion is published in the Feb. No. of the Lancet-Clinic and will well repay those who can get a copy and carefully read the same. The Conclusion and Summary are especially full of meat. They follow:

DID IT EVER OCCUR TO YOU

That gratitude decreases in inverse ratio with the lapse of time following the beneficient act?

That the longer you allow an account to stand the harder it is to collect?

That a favor is soon forgotten, but that an injury is brooded over, making the resentment stronger with the years?

That short accounts make long friends?

That you gain only your patient's contempt for your business methods, when you allow him indefinite time for the payment of his bill?

That medicine is a business as well as a science, and that the physician who is most business like in his methods is most esteemed?

That it is a mistake to make your patients your boon social companions?

That the social ladder is not the one to mount if you seek to pluck the persimmon of professional success?

That the average man appreciates most what costs him most?

That it is better to make six two-dollar visits a day than a dozen dollar visits?

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That the world is prone to accept you at your own valuation, and if you think yourself cheap the world will do likewise?

W. B. RYAN.

SPINAL ANESTHESIA: ITS ADVANTAGES AND DISADVANTAGES.

In the Edinburg Med. Jour., Nov., 1906, Strouthers says that after a careful perusal of the records, it is difficult to agree with those who claim that spinal anesthesia is preferable to general anesthesia either in the interest of the patient or of the operator. He says:

"Serious complications attending its use are not infrequent; troublesome sequelæ are common. Its extent and duration cannot by any means known as yet be accurately controlled. Even in the cases in which it succeeds perfectly the great drawback to its use still remains, that the patient is fully conscious during the operation. Were it used only for minor operations such as those suitable for local anesthesia, this would be of little importance, but for major operations it is, to many, an insuperable objection to the use of spinal anesthesia. The mortality in the published records is little, if at all, below that attending the use of chloroform, and greater than that attending the use of ether, when these drugs are carefully administered. The unpleasant sequelæ, although possibly less frequent than those following general anesthesia, are quite as troublesome and distressing to the patfent, if not more so. Unless means are discovered to materially lessen its dangers and to regulate more accurately its duration and extent, it seems doubtful whether spinal anesthesia will retain the popularity which it has in some quarters attained."

W. B. RYAN.

USES OF ELECTRICITY.

In an exhaustive article by Dr. John V. Shoemaker in the Medical Record Nov. 10, 1906, he mentioned the following uses for electricity in the treatment of diseases.

1. To produce local necrosis, or an eschar.
2. To modify metabolism.
3. To act as a temporary stimulant to nutritive processes, and especially to the nervous system and the circulatory apparatus.
4. To accomplish certain local effects by stimulating physiological functions.
5. To destroy parasites upon the surface of the body.
6. To produce electrolysis by means of needles introduced into the skin and the passage of a suitable galvanic current, decomposition of fluids and solids occurs, and as a result there may be absorption of new growth.
7. To produce intense light.
8. To produce a high degree of heat.
9. To produce magnetic effects.

In conclusion the author says:

Electricity, in most cases, is to be regarded as only an adjuvant to other treatment. While giving the special electric application we should also give appropriate remedies to act upon the glands of excretion and secretion. We should consider the state of the blood and give hematinics to increase the blood corpuscles and hemoglogin, or give antidotes to certain toxins, or eliminants to carry off gouty, rheumatic, or other pathogenic agents, in addition to our prescription of electricity. Massage, exercise in the fresh air, a proper diet regulation of habits of the individual all these are accessory agents and should be conjoined with the electrical treatment if we wish to obtain the best results. Such, indeed, is the intelligent medical use of this agent in the hands of the qualified physician. Without such therapeutic accessories, electricity, like massage, is very restricted in its usefulness and tends toward charlatanism.

EARP.

STRONTIUM BROMIDE IN EPILEPSY.

Several times under the head of *Therapeutic Gists* in this department considerable value was given Strontium bromide. The Atlanta Journal-Record of Medicine for March, 1907, quotes from the Lancet Jan., 1907, which specialized the subject and is worthy of notice:

Bennion has used strontium bromide in the treatment of epilepsy in the insane, and arrives at the following conclusions: Strontium bromide, as a rule, acts better in controlling the number and severity of the fits than the mixed bromides of

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sodium and potassium. Strontium bromide rarely causes depression. Rashes were absent in all his cases. It acted best and most consistently in the female patients, in all of whom the action of this drug, as regards controlling the fits, was far superior to that of the mixed bromides. The maniacal symptoms of the male patients while taking strontium bromide were not influenced to any perceptible degree. The mental condition of the female patients seemed to improve. Considering the severity of the type of epilepsy observed, it is reasonable to suppose that with a milder form of epilepsy than is usually met with in an asylum an even greater benefit would be derived from the administration of this drug. All those having epileptics under their care should give the bromide of strontium a fair trial. EARP.

HEMLOCK AND ITS ALKALOIDS.

In the American Journal of Clinical Medicine for April, 1907, J. M. French of Milford, Mass., gives the therapeutic indications and uses of cicutine, the principal alkaloid, as follows:

"The chief therapeutic use of cicutine is in the treatment of diseased conditions characterized by excessive motor activity.

In these cases large doses are required, as some degree of physiological action is necessary. The patient is in constant motion. Shaller says that it has the same indications and uses as bromide of potassium, than which it is less harsh in action and much pleasanter to take. Accordingly it has geen made use of as a motor sedative and depressant in chorea, tetanus, paralysis agitans, angina pectoris, asthma, pertussis, laryngismus stridulus, and other maladies of a like character.

In addition to its primary effect in allaying motor excitement, it has a slight sedative effect upon the sensory nerves and this combination renders it of special value in the treatment of nervous and mental diseases, and especially of insanity, acute mania, acute alcholism and delerium tremens. In epilepsy and hysteria it has been tried, but has been less successful than some other agents.

It has some local anodyne effect and has been employed in the form of an ointment in such maladies as herpes zoster, neuralgia of the superficial nerves, and muscular rheumatism. Ellingwood and others recommend it for relieving the pains of cancer and ulcer. Especially in cancers and ulcers of the stomach, it seems to relieve the pain better than other more powerful drugs, but to secure this result it must be used in full doses.

Used with an atomizer or in the form of vapor, it relieves pain, spasmodic and irritative coughs, as in catarrh, bronchitis, laryngitis, and phthisis.

To produce its best effect in many painful and spasmodic affections, it should be administered hypodermically. It may for these uses be combined with morphine and hyoscine. The hydrobromide is the best form for this use."

EARP.

A STUDY OF THE DIFFERENT FORMS OF ALBUMIN IN THE URINE.

Under the above caption in the "*American Journal of the Medical Sciences*," February, 1907, Drs. L. W. Hastings and B. R. Hoobler points out the very prevalent error of making diagnosis of albuminuria, predicating the conclusion upon the fact of the presence of albumin, regardless of whether it was of renal tissue origin or from below the kidney in some portion of the urinary tract.—"Albumin excreted from the bladder." The authors speak of having made "over 5,000 examinations of specimens, many of which were sent to the laboratory with the statement that albuminuria was present and with the request to interpret this condition." They declare that a large majority of medical men recognize but one type of albuminuria, that is, any positive reaction for albumin is serum-albumin. This, they assent, is very dangerous.

In their classification of albumin bodies of endogenous origin which may occur in urine, and which are numerous, they include serum-albumin, serum-globulin, fibrinogen, fibrin, nucleo-albumin, nucleoproteid, mucin, Beuce-Jones' albumin ("Albumose") and the derivatives of albumin, digestive albumose, and true peptone". That these various albuminous bodies may be determined by a simple method, they have given a very practical rule of differentiation: (a) Heat

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and acetic acid for the presence of an albumin body; (b) Cold acetic acid with diluted urine to prove the presence of nucleo-albumin or mucin; (c) Heat and acetic acid, after salting with saturated aqueous sodium chloride solution, thus excluding nucles-albumin not detected by the first test, on account of the poor neutral-salt content of the urine; (d) for serum-globulin,—to a test-tube of distilled water add drop by drop to 8 to 10 drops, no heating. A cloud (cold) means serum-globulin, which clears after addition of 2 to 5 drops of fifty per cent acetic acid (cold).

For the purpose of separating and recognizing alumins the Authors advise the following procedure: (a) "Test-tube two-thirds full of urine: Heat upper one-third of urine. Cloudiness may be—serum-albumin, serum-globulin: On addition of 2 to 5 drops of fifty per cent acetic acid and second heating—increased cloud or lessened cloud persisting, albumose (Beuce-Jones), phosphates, carbonates: On addition of 2 to 5 drops of fifty per cent acetic tcid and second heating—disappearance of cloud or partial clearing. If the reaction is faint ("faint trace")—probably serum—albumin, nucleo-albumin, or both.

(b) The presence of nucleo-albumin is tested by diluting 3 to 5 c. c. of urine with five to six times its volume of distilled water, adding to one-half of this diluted urine 1 to 2 c. c. of fifty per cent acetic acid cold, not heating; a diffuse cloudiness in the acidulated one-half is probably nucleo-albumin (may be mucin, but mucin will not respond to the first heat and acetic acid test). (c) Nucleo-albumin is not precipitated by heat and acid in highly "Salted" urines, and. therefore, saturated aqueous solution (30 per cent) of sodium cloride is used to prove the presence of serum-albumin. To the urine add one-fifth volume of saturated sodium chloride solution, heat the upper one-third, add 2 to 5 drops of fifty per cent acetic acid, and heat a second time; a persistent cloud is serum-albumin (may be with serum-globulin).

If a massive reaction, there is usually serum-globulin; may be Beuce Jones albumin ("Albumose") or serum-albumin alone or with fibrinogen. To separate serum-globulin and albumose (Beuce-Jones' Albumin), to the urine add one-fifth volume of saturated sodium chloride solution and 2 to 5 drops of fifty per cent acetic acid, with or without heating. Cloudiness may be serum-globulin, Albumose (Beuce-Jones' Albumin), or, rarely, serum-albumin alone. Heat the upper one-third. A heavy cloud followed by partial clearing suggests albumose (Beuce-Jones). A persistent cloud is serum-globulin or serum-albumin, or both.

Boil the entire tube and filter. A heavy cloud reappearing in the filtrate on cooling is albumose (Beuce-Jones' Albumin). A faint reaction on cooling, due to deutero-albumose, often appear; this has practitcally no clinical value." Serum-albumin and nucleo-albumin should be separated when the reaction is faint, since both respond alike to the simple tests. Nucleo-albumin is of little clinical import, unless possibly indicating irritation. Nucleo-albumin is not commonly present in nephritis; but, as a rule, is found in the urine of acute and subacute nephritis and in inflammatory conditions of the genito-urinary tract below the kidney.

The method of salting, heating, with the addition of acetic acid, is urged to bring out and intensify albumin reaction for serum-albumin in urine poor in neutral salts. They insist upon this for the fact that "348 specimens (14 per cent) of albuminuria as reacted distinctly and often markedly after salting only and responded to no other test as well as by the urines from pneumonia cases." Many of these specimens were from 25 nephritic cases, 20 per cent of the total number of nephritics. In proportion to the total number (1014) of cases showing albuminuria, there was only 12.59 per cent. It is an important fact that many of the chronic interstitial cases, with large amount of low specific gravity urine, gave no positive test until the urine had been salted, tested with heat and acetic acid, and allowed to stand for from 5 to 10 minutes.

The authors assert positively that albuminuria does not necessarily, nor does it usually, indicate nephritis; but it can not be ignored for it may be indicative of nephritis. They point to the fact

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that in no instance has nucleo-albumin alone occurred in a case which suggested in any way nephritis. In only one instance has serum-albumin been absent in a case with the clinical diagnosis of nephritis, in which case but one specimen was examined and the patient was seen but once.

In conclusion they would "emphasize the frequency of non-renal albuminuria and the occurrence of nucleo-albuminuria; and would recommend the addition of saturated salt solution with subsequent heating and acidifying with acetic acid as the safest test for serum-albumin."

CRISMOND.

SOME CAUSATIVE FACTORS IN THE DIFFERENT TYPES OF NEPHRITIS.

Dr. Ralph Webster in the *American Journal of the Medical Sciences*, has strikingly brought out the difference between clinical nephritis and pathological nephritis. He reminds the reader of the relation of the kidney to the other organs of the body; and he also calls attention to the fact that the kidney is the great depurator of the system, and of its unerring accuracy in determining which is of no further benefit to the system, and holding back those which have further value. He points to the fact of the change that is manifested in the normal secretion of the kidney when organic lesion takes place; that renal secretion of the kidney is one of selective activity and not of pure physical filtration.

In normal urine the albumin is of such insignificant quantity that it does not respond to the usual clinical tests. Dr. Webster declares, that it is very difficult and, sometimes, even impossible to draw the line between truly physiological or slightly pathological conditions, and those which are clinically characteristic of nephritis. He postulates the presence of slight intertubular exudation of moderate or even extention, if uncomplicated, degeneration of the epithelium of the tubules, or slight alterations in the glomeruli, would no tjustify a positive assertion that the case was one of Bright's disease in a clinical sense. The great criterion of nephritis—albumin—may be encountered, and yet the pathological conditions are very often neither serious at the time nor lasting and progressive in character.

"Nephritis is simply renal manifestation of constitutional or metabolic processes, due to direct irritation of the renal parenchyma by poison, whether they be exogenous or endogenous in character, which reached the kidney through the circulation, and which exert their untoward influence on the secreting organs. Direct irritation of the kidney by bacteria is possible, but in this condition the lesions are more focal than when caused by the products of bacterial activity. It has been demonstrated by a unilateral multiple abscess formation in the kidney following hematogenous infection by various pathogenic and pyogenic bacteria.

Clinically such cases are manifested by acute gastric symptoms with diffuse abdominal pain, later becoming localized in the flanks, with sudden rise in temperature to 105 degrees F. or more, and accompanied by all of the urinary findings of acute nephritis. This should warn the physician as to the proper diagnosis, as the treatment in the latter cases is necessarily surgical.

The causative factor in every case is one which has produced marked metabolic or functional disorders resulting in the production of toxine, irritant poisons, changes in the properties of the blood, and other general pathological alterations, which, in themselves, cause irritattive and later inflammatory lesions in the kidneys, resulting in what we call, clinically, nephritis.

Nephritis will be of a type distinctly pathological or clinical depending on the factors that cause it. It may still be nephritis in the pathological sense, without being recognizable clinically. Leaving out of the consideration the well estalished pathological fact that we have types of acute parenchymatous, interstitial and diffused nephritis. We have acute interstitial nonsuppurative in acute infectious diseases, notably in the acute exanthemata, and consists in the presence in the blood vessels and interstitial tissue of the kidney of cells belonging to the lymphoid series which are formed in the bone-marrow, spleen, and lymph nodes, and which are brought to the kid-

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neys by the blood. They accumulate in the renal veins, pass from these into the interstitial tissue, and proliferate actively in both places. They do not give rise to any interference of function unless the accumulation is great, though usually degenerative changes in the kidney is due to the toxins which accompany the changes. The capillaries of the glomerulus are free from the accumulation of these cells, but they are found to a slight extent in the capillaries of the cortex, and chiefly in the veins of the pyramids."

CRISMOND.

OBSTETRICS.

By E. S. McKee, M. D., Cincinnati. Lecturer on Clinical Gynecology, Medical College of Ohio University of Cincinnati.

Pregnancy Complicated by Ovarian Cysts.

Charles T. Patton, Surgery, Gynecology and Obstetrics, draws the following conclusions from the study of over three hundred cases. Ovarian cyst is not an uncommon complication of pregnancy. It is a dangerous complication; the danger varies with the kind of treatment instituted for its relief. Removal of the cyst by laparotomy before labor yields the best results for mother and child. The mortality of this operation during pregnancy is not greater than in the non-pregnant state. The case should be operated as soon as the diagnosis is made. Dangerous complications are more frequent in ovarian cysts with pregnancy than when pregnancy is absent. Ovarian cysts are especially dangerous in the early puerperium. Tapping a cyst gives only temporary relief, is not curative, and is a dangerous procedure. It should only be employed in those cases of erroneous distension, where operation is absolutely refused. If not removed before labor, remove as early in the puerperium as possible.

Treatment of Placenta Previa by Caesarean Section.

A. P. Condon, Surgeon, Gynecologist and Obstetrician, believes that in placenta previa centralis, when the child is alive and viable, the procedure indicated is Caesarean section. The life of the unborn babe is as much to be thought of as that of the mother. The operation of Caesarean section can be done more quickly than dilatation, version and extraction. The danger of a ruptured uterus and uncontrollable hemorrhage can be better overcome by section. An obstetrician should not attempt a version unless he is capable of doing a Caesarean section. Vaginal Caesarean section should be done on account of the great danger of hemorrhage.

Fetal Malformations. Cooke (Am. Journal of Obstetrics) points out that some relation exists between the production of fetal deformities and the quantity and quality of the liquor amnii and even claims that the diagnosis of these changes has a prognostic value. He has observed that this anomaly is frequently accompanied by maldevelopment in the infant and cites seven cases of oligohydramnios or polyhydramnios in which the fetus was malformed and in five out of the series the condition was foretold before birth. Even the type of malformation, according to Cooke, can be foretold before birth at least in a general way, for while deformities of the trunk seem to occur in cases of polyhydramnios, loss or shortening of the extremities is more usual when oligohydramnios is present. The amnotic bands which are believed to cause the latter deformities are not always present, and it is more probable that the malformations are due to the destructive atrophy of the parts brought about by direct pressure of the uterine wall unrelieved interposition of the normal amount of amniotic fluid. In connection with this theory there are still a number of points unaccounted for but the prognostic feature of the writer's statement.

So long as nothing can be done to correct the condition, however, it may be just as well for the medical attendant to guard the knowledge so acquired very closely, for it will without doubt prove unwelcome to the prospective parents and their kin. Sufficient to the day is the evil thereof.

Retention of the Membranes.

Paul Rissmann (*Monatsschr, F.*, Geb. u. Gyn.) tells us that on account of the danger of sepsis, the prolongation of the puerperal period, the late involution of the uterus and the danger of hemorrhage, which may be caused by retention, it is

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always necessary to see that the secundines are removed after labor. They may be removed frequently by firm pressure on the uterus. When twenty-four hours have elapsed after the birth, if the membranes have not been entirely removed, this should be done instrumentally. When a portion of the membranes is left behind the lochia becomes fetid, fever may ensue, and true sepsis set in. The involution is then much slower and less perfect than in normally delivered cases. Retention of the membranes has in some cases produced severe hemorrhages. That physician who does the best for his patient is the one who removes such fragments at once, without waiting for nature to take care of them. The uterus may be massaged until contraction is good, and then pressure kept up by a sand-bag or ice-bag for from six to twenty-four hours. When energetic rubbing will not detach the fragments they must be removed with instruments. Retention is less frequent when the third stage of labor is allowed to be prolonged. When Credes method is used it is apt to occur.

Tubal Pregnancy, Its Diagnosis and Treatment.

C. H. Whitford (*Bristol Med.-Chir. Journal*) says his experience, covering fourteen years, is limited to twenty-three cases. He lays down the axiom that "In the absence of symptoms of severe internal hemorrhage, and in the absence of a pelvic tumor, which can be differentiated from the uterus, a diagnosis of ruptured tubal pregnancy is unjustifiable." He differentiates a "fulminating" from a "remittant" type of rupture. Early tubal pregnancy may be confounded with (1) simple abortion, (2) retroverted gravid uterus, (3) intra-uterine pregnancy complicated with pelvic tumor.

In the fulminating type the only chance for the patient lies in immediate operation. In the remittent type small blood tumors, which seem to be growing smaller from week to week, may be treated on the expectant plan. While conceding the justifiability of this plan, the author is, nevertheless forced to the conclusion that "the safest and therefore the best surgery is to remove in every case the extravasated blood and the damaged tubes."

Curettage in Puerperal Infection.

M. Demelin (*Bull. de la Soc. d'Obst.*, Paris) says that curettage in puerperal infection is by no means always either necessary or advisable. There are many conditions that are positive contra-indications to the use of the curette. These are phlegmasia alba dolens, uterine or periuterine phlebitis, pulmonary embolism, visceral complications, and prolonged infections. In all these such interference is too late. In other cases more energetic treatment is needed, as in generalized peritonitis and uterine perforations. Other forms make curettage useless or dangerous, as in primitive septicemia, in which curettage is followed by a rapidly fatal ending. A sub-acute intoxication follows the surgical opening of the vessels, acting as absorbing mouths. Perforation of the uterus during curettage is no imaginary danger in the softened condition of the infected uterus. It may be followed by severe hemorrhage. The natural barriers constructed against absorption by cellular infiltration or leukocytic reaction are destroyed, and a raw surface is left to absorb the poison. The curette should never be used blindly, but directed by the finger in the uterus. It creates furrows in the lining of the uterus and does not evenly remove the surface, so that decidual fragments may remain behind. In many cases intra-uterine antiseptic injections are quite sufficient. Forceps for seizing placental remains are dangerous. The authtor prefers to make a digital curettage, under anesthesia, with rubber gloves. A complete exploration may thus be made without any danger of perforation or of traumatism to the organ.

Anterior Colpo-Hysterotomy.

Of the methods of opening up unprepared genital passages for the purpose of rapid delivery, next to the employment of the dilator, anterior-hysterotomy is probably the best one at the present time. P. Jung (*Deut. Med. Woch.*) describes this operation and its results. The operations which he deals with were undertaken in the interest of the mother's life, and include five cases of eclampsia, (1) of severe nephritis with total amaurosis, (1) of severe non-compensated heart disease, and (1) of complete impaction of the fetus, which was lying in the transverse position. In the last named case there

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was tetanus of the uterus. The os in this case was partly dilated. Unsuccessful attempts had been made outside by the general practitioner to turn the fetus. On admission large doses of morphine and deep anesthesia failed to relieve the tetanic condition of the uterus, and it was therefore impossible to proceed to perform embryotomy. The mother's condition was extremely bad, and for this reason anterior colpo-hysterotomy was immediately performed. The dead fetus was removed after embryotomy. Of the eight cases, three mothers died, two of eclamptic coma and one with the heart disease, which was complicated by nephritis. In all three cases the sutures had held and there was no hemorrhage, as was proved post-mortem.,

Of the fetuses, three were delivered alive and well, one was dead and macerated, one was dead and had to be delivered by embryotomy, two were not viable, and only one was lost as a direct result of the birth. The last-mentioned case was one of the eclampsia cases. The fetus had its head impacted in a flattened rickety pelvis, with a conjugate vera of 8 c. cm., three inches. Delivery was conducted with forceps, and a deep depression was produced on the temporal bone. It died a quarter of an hour post-partum.

The operation was carried out as follows: When the vulvar orifice was too small a wide vagino-perineum incision was made. After division of the anterior vaginal wall by means of a longitudinal incision, the bladder was easily peeled off in the loose tissue. The anterior uterine wall never offered any difficulty, as long as one remembered not to pull too much on the Collins' forceps which held the edges of the wound apart. On two occasions the vesico-uterine fold was opened, but this did not matter. The child was delivered four times by forceps, three times by version, and once by embryotomy. The author thinks that it is better to turn the fetus, save when the head is too tightly impacted, and believes that he might have been able to save the one fetus had he done this instead of delivering with forceps. Any way, he regards version as the easier and more elegant proceeding. The placenta was expressed or removed manually immediately after the delivery of the fetus. The suture of the uterus was carried out with continuous catgut sutures, and when the peritoneum had been opened the upper stitches closed this as well. The bladder was sutured in its place and the anterior vaginal wall was closed with continuous catgut sutures, including the perineum, when this had been incised. The wounds healed smoothly in all cases. He considers that this operation should only be undertaken in a clinic or hospital, and not at home by the general practitioner, who will not have had sufficient practice in these kind of operations. The safer method for the practitioner is to use the dilator. For any one who has had experience in vaginal operations the procedure is quite easy.

WHY APRIL WEEPS.

Bubbling o'er with lilting laughter,
Butterflies a-fluttering after,
April dances in;
Shades her eyes with rosy fingers,
Looks toward May, laughs low, and lingers;
Then her tears begin.

For, a-growing sweeter, older,
Glancing gaily o'er her shoulder
Down the backward track,—
Using all his arts to please her,
There stands March, and just to tease her,
Calls her back.

—Alice E. Allen in April Lippincott's.

QUERIES.

Who can deny that an aching tooth is the best thing out?

When a girl turns a fellow's head, does she have to marry him behind his back?

How is it that most of the things folks are anxious to know are none of their business?

Is it necessary that an upright piano, to live up to its name, should play only sacred music?

They say the drinking man can never succeed in business; yet doesn't the toper always get a head?

Wouldn't it curtail the present-day sowing of wild oats if modern fathers went in more for thrashing?

—Warwick James Price in April Lippincott's.

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MEDICAL MISCELLANY.

COMMENCEMENT EXERCISES OF THE STATE COLLEGE OF PHYSICIANS AND SURGEONS IN AFFILIATION WITH INDIANA UNIVERSITY.

The graduation exercises of the State College of Physicians and Surgeons will be held at Indiana University Saturday, May 18, at 10 a. m. An interesting program, including addresses and music, will be carried out. One of the most prominent medical educators of the country will deliver the principal address.

The Indianapolis party, consisting of the Medical Faculty, the graduates and their friends, will leave Indianapolis at 6:50 a. m., over the Indianapolis Southern R. R., arriving at Bloomington two hours later. After the graduating exercises opportunity will be offered all visitors to inspect the various buildings of the university, and especially the medical department. Prominent medical educators who have recently visited it have pronounced it the equal and in some respects superior to any in the country.

Nestling among the hills of Monroe county, Bloomington presents a pleasing picture in the month of May, and the first graduating exercises of the Medical Department of Indiana University will no doubt attract a large number of visitors. All will be welcomed by the citizens of Bloomington, who will endeavor to make the day a pleasant one throughout. The medical profession of the state and the friends of the university are most cordially invited to attend.

The following members of the senior class are candidates for graduation: Paul Bowers, A. Blickenstaff, A. B.; L. E. Cox, Roy Crabill, M. F. Daubenhyer, Roy Egbert, Clayton Endicott, V. N. Fackler, Hanson Gifford, A. B.; Raymond Hume, Albert Kramker, E. O. Little, B. S., A. M.; W. D. Martin, B. S.; William Mendenhall, Roscoe Mitchell, Morton Myers, A. B.; J. E. Moser, Edward Pape, Walter Payne, J. H. Smiley, A. B.; L. H. Shaw, G. C. Ullery, Ernest Wheeler, Claude Wood, Homer Woolery, A. B.

INDIANAPOLIS MEDICAL SOCIETY PROGRAM FOR THE MONTH OF APRIL.

MEETING OF APRIL 2.

Case Reports and Specimens.

1. D. W. Layman, "The Subcutaneous Injection of Paraffine for the Correction of Nasal Deformities;" method of technique and results after lapse of five years.
2. O. G. Pfaff, (a) Large Ovarian Cyst. (b) Kidney with large Calculus.
3. H. O. Pantzer, (a) Two cases of Gangrenous Uterine Fibroma. (b) Case of Gangrenous Cholecystitis.
4. David Ross, Case of incomplete Spontaneous Fracture of Femur.
5. B. Erdman, Demonstration of Spirochoeta Pallida.
6. C. S. Little, Demonstration of Tissue from a case of Pseudo Hermaphroditism.

MEETING OF APRIL 9.

A Year's Clinical Experience at French Lick Springs. Geo. D. Kahlo.

Discussants: Geo. W. Combs, F. B. Wynn.

MEETING OF APRIL 16.

Clinic at City Hospital. Program to be announced later.

Those having cases outside of City Hospital which they wish to present please notify the Secretary of the Judicial Council.

MEETING OF APRIL 23.

Hyperemia as a remedy. Louis Burckhardt.

Discussants: J. H. Oliver, R. H. Ritter.

MEETING OF APRIL 30.

Cholecystitis, H. O. Pantzer.

Discussants: E. D. Clark, T. B. Noble

The applications of Drs. Jane Merrill Ketcham and J. D. Stewart were favorably passed on by the Judicial Council.

The application of D. W. Fosler has been filed and is now posted.

PROTESTANT DEACONESS HOSPITAL.

The authorities of the Protestant Deaconess Hospital had a gala day on April 1 in the celebration of the new addition to the hospital, which cost $25,000. It is

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a three story brick which provides for nurses' quarters, 40 additional beds for patients and a children's ward. The new chapel has a seating capacity for one hundred persons, and will be used for the training school for nurses.

Among the innovations is a signal system for the patients. Formerly the patients pressed a button that displayed the call on a board in the corridors. In the future the patient will press a button that will light a red lamp in front of his room, thus eliminating the noise of the bell.

PERTINENT COMMENT BY DR. J. M. KITCHEN.

Indianapolis, Ind., March 20, 1907.

Samuel E. Earp, M. D.,
Editor Central States Medical Monitor.
Indianapolis, Ind.

My Dear Doctor:

Permit me to thank you for a copy of your report of a case of urethroyesical calculus weighing 845½ grains, which escaped from the urethra of a female after many years of suffering. It was unfortunate for the patient that you or some other competent physician was not called earlier in the case.

With the index finger of the right hand of an educated and experienced surgeon, a prompt diagnosis could easily have been made and the woman saved intense suffering. The case is certainly remarkable, and as you say, seems incredible.

Again, permit me to express my appreciation of a communication published in the March number of the Central States Medical Monitor, by Joseph E. Morrow, M. D., of this city, entitled "A Plea for Early Diagnosis and Palliative Treatment of Senile Hypertrophy of the Prostate," which gives a clear and correct statement of the modern treatment of prostatic obstruction.

Prior to the year 1860, all such cases were permitted to die from cystitis, the result of ammoniacal decomposition of the urine. In the year 1860, Sir Henry Thompson of Wimpole Street, Cavenish Square, London, wrote an essay on Diseases of the Prostate, Their Pathology and Treatment, which gained the Jacksonian Prize Essay for the year 1860; a copy of the revised edition of 1886 which I now have before me. The treatment, as outlined by him consisted in keeping the bladder thoroughly cleansed with an antiseptic wash, using a soft rubber catheter, or the English silk catheter with the Coudee bend, and a rubber bag syringe with a small nozzle, which was connected with the distal end of the catheter by a small piece of rubber tubing; boric acid in a saturated solution being his favorite wash. It will be observed that in this treatment asepsis is an important feature, therefore, the names of Thompson, Lister, Nealaton, and Mercier are conspicuous in this modern and successful treatment.

If the student will carefully read the article of Dr. Morrow, heretofore alluded to, he will gain all the information that is necessary to know on the subject. The names of the distinguished surgeons, I have mentioned, will live long in the history of this infirmity, as benefactors of mankind.

I have nothing to add to the article of Dr. Morrow, except that I have found by large experience that there is no better lubricant for the catheter than castor oil. It is non-irritating. possesses the quality of tenacity beyond comparison with all other lubricants, and can easily be procured almost anywhere in the world. Of late years, I have been adding a little pure carbolic acid to the oil, as a matter of precaution, but I have found that with careful cleansing of the instruments after use, this precaution is really not necessary.

Very respectfully,
JOHN M. KITCHEN, M. D.

INDIANA VETERINARY COLLEGE.

The graduation exercises of the Indiana Veterinary college took place at the German house April 3, 1907. The class numbered twenty-eight. The program was as follows:

"College Life." Dr. Jos. W. Klotz.

President's Address." Dr. George H. Roberts.

Awarding of Diplomas by the President. Dr. George H. Roberts.

Awarding of Prizes. Dr. W. B. Craig.

Address by Dr. Frank B. Wynn.

Valedictory. Luther A. Thompson.

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DR. CHARLES E. WRIGHT IN OPERA.

Dr. Charles E. Wright, formerly police surgeon, has abandoned the practice of medicine and entered the theatrical profession. He is now singing in light opera in New York.

THE NEW METHODIST HOSPITAL.

The contract for the new Methodist hospital, located on the corner of 17th and Capitol avenues, calls for its completion by September 1. It is said that this will be hardly possible on account of the tardiness of the subscribers to the hospital fund, however the building has been erected and it is a beautiful structure. At a recent meeting of the directors it was decided to purchase furnishings and general equipments so that it will be one of the best modern hospitals in the United States. It is the intention of the authorities of the hospital to have it completed as soon as possible.

STAFF FOR THE COLORED ORPHANS' HOME.

The Indianapolis Medical Society has appointed the Medical Staff for the Colored Orphans' Home. General Medicine—J. M. Cunningham, S. A. Furniss, Goethe Link, H. F. Thurston. Eye—W. N. Sharp, W. F. Hughes.

INDIANAPOLIS MEDICAL SOCIETY.

MEETING OF MARCH 12. 1907.

Two amendments were adopted:

1. The secretary of the society must be furnished with either a copy or an adequate abstract if every paper read before the society at the time the said paper is read, which paper or abstract shall be filed as part of the minutes of the society. No paper shall be eligible for selection to be read before the State Medical Association unless such copy or abstract is on file with the secretary of this society. No paper or extensive abstract of any paper shall be given out for publication without the consent of the author.

2. The following addition was made to Section 3, Chapter 5, of the By-Laws. The annual dues of members of this society located outside the corporate limits of the city of Indianapolis shall be $2.00.

Dr. F. C. Heath presented the paper of the evening entitled, "The Cataract Operation." An abstract of this paper is made a part of these minutes. In this paper Dr. Heath advocates careful preparation of the patient, attention to general condition, special preparation of field of operation, sterilization of instruments, dressings, surgeon's hands, etc. Local anesthesia with a strong solution of cocaine (6 per cent to 10 per cent) is produced. At least one assistant is advisable. The instruments necessary for the operation are described with some points as to those ill adapted as well as those well adapted to the purpose intended. The steps of the operation as done by the writer were then given with reasons for the same and some reference to other methods. Incision at the corneo-sclerotic junction, comprising about two-fifths of the corneal circumference is the author's rule, carefully avoiding too small an opening. Iridectomy is done in nearly all of his cases to prevent prolapse of iris and because lens is more easily delivered, etc. A crucial central capsulotomy is made and the lens delivered by pressure with the spoon on the lower part of the cornea. Simple light dressing is employed. After treatment and complications and results are discussed briefly.

Discussion. Dr. J. L. Thompson. Age has very little to do with the success of this operation. Before the operation is attempted the patient should be carefully examined and a very complete history of previous conditions secured. A cough or a severe skin disease is enough to make a postponement of the operation advisable. He has seen an eye lost fourteen days after operation by inflammation set up by an acute attack of malaria. The preliminary toilet of the face is of great importance. He never operates if there is one good eye or the cataract is not complete. The time that the cataract has existed is of no importance. Because of the calamity following if the operation for any reason should not be a success, he never now operates on both eyes at once. He formerly did this and had good results. One of his first operations was on both eyes of a man aged 84. Following this the patient had almost perfect vision until his death at the age of 106. He seldom does the simple operation. Formerly used the general anesthetic occasionally.

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always chloroform but now never does. He exhibited a knife made especially for him with a sabre-shaped blade which he prefers for making the corneal incision. The eye speculum should be used with care and the eye should not be opened too wide. He does not use a fixation forceps with a lock. He does not believe in depending much upon an assistant. If the lens falls into the vitreous it is better to let it alone than to hunt around for it. If one eye is lost a preliminary iridectomy should always be done on the other before the cataract operation. Corpulent persons are not good subjects for operation.

Dr. F. A. Morrison. Although diabetic individuals are usually not regarded favorably he has seen marked improvement take place in these persons under the use of the bromide of gold and arsenic and he then operates without hesitancy. He believes that assistants are often a positive source of danger; he employes only one and he merely handles the fixation forceps. In the anxiety to accomplish asepsis too strong antiseptics and too vigorous scrubbing are often employed. In this way many of the cells which are the natural protectors against infection are destroyed and the danger of infection is actually increased. He always does the combined operation and does a circular capsulotomy. In a few cases the iris has fallen before the knife and too broad an iridectomy has resulted with the subsequent irritation from the excess of light entering the eye. In these cases he has good results following tattooing of the cornea.

Dr. W. N. Sharp discussed the Bombay operation and the work of Major Smith. Success will often depend upon a careful examination of the patient before hand and the removal of all conditions offering any risk of affecting the eye unfavorably. He believes that the nasal and lacrymal ducts should be examined with especial care as they are not infrequent sources of infection. He makes a square capsulotomy and thinks he has better results than by former methods. An iridectomy should always be done. In a recent case he got a vision 15-15 and in another a vision of 15-20. Since having a slight accident because of the lock on the fixation forceps some time ago he has abolished the lock.

Dr. E. A. Willis, in speaking of the work of Major Smith, said these cases could not justly be compared to others since in these cases there was no correction afterwards with glasses. He spoke of the examination of the eye for cataract and how frequently a wrong diagnosis was made. Cataracts are not infrequently confused with cornea opacity and pterygium. He urged more care in instructing students in the use of the ophthalmoscope and the recognition of such conditions of the eye as cataract. Practitioners should seek to make more accurate diagnoses.

Dr. A. W. Brayton spoke appreciateively of the great work of ophthalmologists in this and other communities. The late hours and the excessive use of the eyes in our modern life is productive of more and more eye defects. He believes that the ophthalmologists in this city should form a section for closer contact and the furtherance of scientific and technical study.

Dr. Heath closed the discussion and the society adjourned.

R. H. RITTER,
Secretary-Treasurer.

MEETING OF MARCH 19, 1907.

The Indianapolis Medical Society was called to order in the clinical amphitheatre of the city hospital. The minutes of the last meeting were approved without reading. The program was made up entirely of the presentation of cases from the wards of the hospital.

Dr. A. C. Kimberlin presented first a man with a large pleural effusion on the right side and demonstrated the parevertebral triangle of Groccho. In spite of a small effusion which had developed in the past two or three days, the triangle could still be easily marked out by percussion.

He then presented a young man with early pulmonary tuberculosis. The area of resonance in the supraclavicular regions was then mapped out and on the affected side it was apparent that the inner line on the right side was distinctly displaced outwards. This narrowing of the outline of the apex is what is called

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Kroenig's sign of early pulmonary tuberculosis.

Dr. C. F. Neu exhibited a boy aged 8. slowly recovering from a severe post-diptheritic paralysis. About five weeks before the boy was taken sick with rather indefinite symptoms, not severe, nor in the opinion of the parents, requiring the calling in of a physician. In a few days a second child was taken ill and a physician was called in and immediately the case was diagnosed as diphtheria. One week after this boy was apparently recovered the paralysis began to appear first in the throat. It then involved the right arm and finally both legs and feet. When admitted to the hospital there was some irregularly of the heart. There has been a slow but steady improvement. The child can now use the arm fairly well, has gained control of the palate and can move both legs freely, although there is very little muscle power. The knee jerks are absent and there is distinct Babinski's sign in the foot. The case illustrated the order in which paralysis usually appear, the convalescence and that the paralysis is in no way related to the severity of the original attack of diphtheria.

Dr. A. E. Sterne presented three cases.

Case 1. A negro aged about 70, a hard drinker after a debauch of three or four days suddenly became unconscious and was brought into the hospital with a subnormal temperature, and profoundly unconscious. Three days later the temperature rose to 103 F. The patient became restless and incoherent. There was no control of the bladder and rectum. There was complete paralysis of the right side of the face, the right arm and leg and deviation of the tongue to the right. The diagnosis was cerebral hemorrhage and mild post-apoplecticmania. At present there are some signs of improvement. The patellar reflexes are normal. There is a distinct Babinski sign.

Case 2. Negro aged about 60—a heavy drinker—syphlitic. Thirty-six hours before exhibition after retiring in apparently perfect health he waked early in the morning, smoked his pipe for a few minutes and fell over unconscious and paralyzed on the right side. He was brought into the hospital in this condition and the diagnosis of a hemorrhage into the internal capsule made. Dr. Sterne believes that the permanent damage to the fibres of the internal capsule from hemorrhage comes not at first from tearing of the fibres but is really an atrophy from pressure. This pressure is brought about because the brain is encased in an unyielding box. Arguing from this—that the relief from this pressure should lessen the danger of permanent damage to the tissue—Dr. Sterne removed a large plate of bone about 2x3 inches over the left motor area. No pulsation of the brain was seen when the dura was opened. The lateral ventricles were punctured and a small quantity of fluid found. Pulsation returned almost immediately. Ordinarily no anesthetic is required. He never operates unless the stupor is profound and persistent. In this patient there are now some symptoms of improvement; the patellar reflexes at first gone are now returning.

Case 3. An adult with a history of gradual development of symptoms for several years. There is now ankylosis of the right wrist, atrophy of the quadriceps femoris on both sides. some difficulty in talking, pain in the legs and exaggerated reflexes. In the lower dorsal region is a mass springing from the vertebrae whose relation to the symptoms is open to question. The diagnosis lies between chronic rheumatism, arthritis deformans and syphilis. Treatment is now palliative, chiefly iodides. If there is no improvement under this plan he would advise a laminectomy to remove the tumor.

Dr. F. R. Charlton presented a negro aged about 70, with an enormous enlargement of the penis from a cancer developing from the glans penis under a phimosed prepuce. The patient had had both syphilis and gonorrhea and a partial phymosis for many years. One year ago he had a crop of condylomata about the glans. When admitted to the hospital the prepuce could be retracted far enough to see the growth. A small fragment removed and sectioned revealed the structure of a typical squamous carcinoma. The glands in both groins were enlarged. In the hope of relieving the pain and the patient's mind, which was very much disturbed, Dr. Charlton proposed to do a

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radical operation for the removal of the growth of the tumor and the glands.

Society adjourned.

R. H. RITTER,
Secretary-Treasurer.

NEWS ITEMS.

Dr. S. H. Malpas is doing post-graduate work in Chicago.

Dr. F. D. Norton has moved from Petersville to Columbus.

Dr. J. B. Robertson, formerly associated with Dr. Scherer, is located at Tacoma, Wash.

Drs. W. B. Ryan and J. E. Morrow have moved their office to the New Board of Trade building, Rooms 501-502-503. New 'Phone, 1 ring on 1323.

Dr. M. G. Moore of Vincennes, Ind., lectured before the students of the State College of Physicians and Surgeons April 3 on "Pleurisy and Empyema."

The internes appointed at St. Vincent's Hospital are as follows: M. F. Deen, Richmond, Wis.; J. A. Salb, Jasper, Ind.; W. F. Walsh, Connersville, Ind.

Dr. John Kolmer has removed his office from 17 West Ohio street to 308-309 New Board of Trade building, corner Meridian and Ohio streets. Both 'phones, 898.

Dr. Polk Richards, a former student of Dr. S. P. Scherer, has received an appointment in the Government Indian Service and entered upon his duties April 15.

The internes recently appointed for the Deaconess Protestant Hospital are: Ross C. Ottinger, New Augusta; J. H. Eberwine, Sheridan and H. H. Smith, Kokomo.

Dr. John T. Scott, whose office has been at 312 N. Illinois street, now occupies quarters at 539 N. Meridian street. Office, 10 to 11 a. m., 3 to 5 p. m. New 'phone, 4938; old, Main 389.

Dr. J. W. Crismond of Anderson, who has been a regular contributor to our original department, and whose articles have been full of interest, will hereafter furnish us with contributions for our abstract department.

We are glad to announce that Dr. E. S. McKee of Cincinnati has become a member of our corps of collaborators. Dr. McKee is a terse and fluent writer and we are confident our readers will enjoy the products of his pen.

Dr. George L. Chapman has moved to Indianapolis to practice medicine and located at 533 Fletcher ave., the former residence of Dr. T. E. Courtney. New 'phone, 9223; old, Prospect 1331. Office hours, 2 to 4 p. m., and 7 to 8 p. m.

Dr. Geo. P. Stahlman has been promoted from the Bureau of Health in Manila to a position of assistant surgeon, U. S. A. We are indebted to the doctor for a copy of the fourth annual report of the Philippine Islands Medical society.

A reception was given to the students and faculty of the Indiana Medical college at Wm. B. Fletcher's Sanitorium, 1140 E. Market street, March 16. Dr. Mary Spink and other members of the faculty entertained the guests. After a smoker there was dancing at the gymnasium.

THERAPEUTIC MEDICINE.

The first member of Therapeutic Medicine appeared in January. Dr. Wm. J. Robinson as editor is a guarantee that it will be standard in all respects. 'Tis he who used for his motto:

"It is better to make a mistake in trying
to tell the truth
Than never to tell the truth for fear of
making a mistake."

The original articles are:

"Drugging Patients." By A. L. Benedict, A. M., M. D., Buffalo.

"The Treatment of Influenza." By Geo. F. Butler, M. D., Chicago.

"The Treatment of Bromopnea or Fetid Breath." By Wm. J. Lederer, D. D. S., New York.

"The Treatment of Hemorrhoids Without Surgical Intervention." By M. R. Dinkelspiel, M. D., Philadelphia.

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BOOK AND JOURNAL REVIEWS.

The Practical Medicine Series of review of the world's yearly progress in all branches of the medical profession, starts the new year with Vol. 1 on General Medicine, by Frank Billings and J. H. Salesbury. Tuberculosis occupies a hundred pages of critical review and is followed by three hundred pages devoted to the heart, blood, blood making organs, ductless gland infections and epidemic diseases of the kidneys.

The General Editor announces some changes in the series for 1907.

The subjects of anatomy, physiology, bacteriology and pathology will no longer be treated in a special volume, but all matters of interest on these subjects will find place in connection with subjects in practice to which they belong. It is believed they will be of much greater value and interest thus placed than grouped in one volume. Any discoveries of importance, however, in physiology, bacteriology, or pathology, will be described by Dr. Evans in a resume which will appear in the Miscellaneous section.

The section of skin and venereal diseases will be transferred to Volume IX, and the remainder of this volume will be occupied by a miscellaneous section in which will be treated a great variety of subjects of much interest to physicians, yet which fall under none of the sections as at present arranged. It is expected this section will prove both profitable and popular.

Volume X will be devoted entirely to nervous and mental diseases. The growing importance of this subject under modern conditions warrants more space than has been hitherto available.

The ten volumes cost $10.00, delivered one a month from the publishers—The Year Book Publishers, 40 Dearborn St., Chicago. AUSTIN.

Psychology Applied to Medicine. Introductory Studies by David W. Wells, M. D. F. A. Davis Company, Publishers, Philadelphia, 1907.

The author makes an effort to link psychology and medicine. He takes the attitude that the former may be the means of solving many practical problems and endeavors to present the subject in an elementary way for the use of the student. In explaining psychic therapeutics meaningless terms are avoided. The author rather leans toward his own specialty in giving considerable space to the psychology of sight but it does not detract from the subject matter but rather enhances it; considerable is said about hypnotism and its phenomena and theories which will prove interesting to the reader. EARP.

The following reprints have been received:

Scarlet Fever, Its Prevention, Restriction and Suppression. Published by the Illinois State Board of Health. 1906.

Typhoid Fever, Its Prevention, Restriction and Suppression. Issued by the Illinois State Board of Health. 1907.

Diphtheria, Its Prevention, Restriction and Suppression. Issued by The Illinois State Board of Health. 1906-7.

Sixth annual report of the New York State Hospital for the Care of Crippled and Deformed Children, for the year ending September 30, 1906. Hospital located at West Haverstraw, N. Y. (on the West Shore Railroad).

A Plea for the Simple Round-Ligament Ventrosuspension. By B. S. Talmey, M. D., New York. Reprinted from the Medical Record, December 29, 1906.

Solution Dobell. By Edwin Pynchon, M. D., of Chicago. Reprinted from Annals of Ophthalmology and Otology.

Acute Edema of the Pharynx, with Report of a Case Requiring Rapid Tracheotomy. By Goethe Link, M. D., Indianapolis, Ind. Reprinted from the Medical Record, March 2, 1907.

The Treatment of Cystitis, by John S. Perekhan, M. D., Chicago, Illinois. Reprinted from the Chicago Medical Recorder, September 15, 1906.

Asthma with Mixed Infection Following Repeated Attacks of Lagrippe. By Wm. F. Waugh, M. D., Chicago, Ill. Re-

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printed from the Lancet-Clinic, February 23, 1907.

The Cure of Psoriasis, with a Study of 500 Cases of the Disease Observed in Private Practice. By L. Duncan, A. M., M. D. Reprinted from the Journal of the American Medical Association, November 1., 1906, Vol. XLVII, pp. 1630-1636.

Thirty-third Annual Report of the Medical Director of the Cincinnati Sanitarium for the year ending November 30, 1906.

Paresis: A Research Contribution to Its Bacteriology. By F. W. Langdon, M. D., Medical Director. Reprinted from the Cincinnati Sanitarium.

The Nihilistic Surgeon and the Therapeutic Optimist. By W. C. Abbott, M. D., Chicago, Ill. Reprinted from the St. Louis Medical Review for February 18, 1905.

Paraffin in Surgery. A critical and clinical study by Wm. H. Luckett, M. D., Attending Surgeon Harlem Hospital, Surgeon to the Mt. Sinai Hospital Dispensary of New York, and Frank I. Horne, M. D., formerly Assistant Surgeon, Mt. Sinai Hospital Dispensary. 12mo., 38 illustrations, 118 pages. Surgery Publishing Co., 92 William Street, N. Y. City. Cloth $2.00.

This is a monograph covering a special field of surgery which should be of interest to all, but more especially the general practitioner and surgeon. The chemistry and technic are given and a thorough description of the paraffin in cosmetic work, such as saddle nose deformity, depressed scars, hemiatrophia facialis, with a large number of photographs showing cases before and after operation, with illustrations of microphotographs of the disposition of the paraffin in the tissues. It also presents other conditions of a functional character, where paraffin can be used with service such as inconstinency of urins, umbilical, hernia, umbilical and ventral hernia, epigastric hernia, inguinal hernia, etc. The author, by his careful treatment of the subject, refutes certain ideas which have resulted from confused notions based on faulty observations concerning the disposition of the paraffin in tissues. This little book is a valuable one. EARP.

A NEW DEPARTURE.

In April *Lippincott's Magazine* there opens a new department called "Ways of the Hour." From the sub-title we learn that its object is to print current comment and criticism—sane, stimulating and optimistic. This is a wholesome sign that one of our oldest magazines is not to join the Iconoclasts, but is blazing a new trail through the forest of magazinedom.

As a sample of what the editor wants, "Ways of the Hour" to stand for, this initial number presents some new thoughts on "The Salton Sea," by Col. Willard French, U. S. A.; "Voice the Index of the Mind," by Elbert Hubbard, in which he urges that the voice shall be the sounding-board of the soul; "Ware the Sky-Scraper," signed J. B. E.. which is a warning angaist narrow specializing in education; and "A Tyranny of Silence," by Anna McClure Sholl, which semi-humorously supplements the recent appearance of a "Bromidion" volume by showing its effect upon social gatherings.

In the May issue of *Lippincott's* this department will contain views upon selected themes by Mrs. John King Van Rensselaer, Clifford Howard, Anne Hollingsworth Wharton and Joseph M. Rogers. In this new and terse contribution to the usefulness of periodical literature, *Lippincott's* will be watched with unusual interest.

THE MEDICAL ERA.

The Medical Mirror, formerly edited by Dr. Love, was one of the best known journals and by amalgamation with the Medical Era, the usefulness and strength of the later journal has increased. The April issue of the Medical Era was the first of the consolidated journals. Drs. S. C. Martin and Clarence Martin will continue as the editors.

TIME.

I saw a happy spirit
That wandered among flowers;
Her crown was a rainbow,
Her gown was wove of hours.

She turned with sudden laughter,
I was, but I am now!
And as I followed after
Time smote me on the brow.

—Finoa Macleod in The Academy.

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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 323 N. Delaware St., Indianapolis, Ind.

Thomas W. Forshee, M. D., of Madison, Ind., writing, says: "It is a pleasure to me to add my testimony to the hundreds of other physicians in attesting the merits of Sanmetto. I have used it extensively in my practice since its inception, and without any failures where it was typical. For vesical irritation in both male and female I find it perfect. Not that every case is cured by it, but when I make failures I find them due to some mechanical displacement or to tuberculous conditions. For prostatitis I have never found any remedy that approximated it. I have used it myself with remarkable success. It is not necessary for me to say that I shall continue its use where indicated."

SANMETTO IN ENLARGED PROSTATE AND CHRONIC CYSTITIS, IRRITABLE BLADDER AND URETHRA.

I have used Sanmetto in enlarged prostate and chronic cystitis in old men with marked good results, and observed that there was decided aphrodisiac effects; also in irritable bladder and urethra in the early months of pregnancy, with very happy results. M. A. RUSH, M. D.
Anderson, Ind.

THE CARE OF GROWING GIRLS.

One of the most responsible tasks of the family physician is to advise parents of girls entering upon their 'teens, as to the diet, mode of life and hygienic measures best calculated to preserve the health of budding womanhood. In dealing with these cases thte practitioner is often called upon to treat the anemia which in such a large proportion of instances characterizes the unfolding of the growing girl. Full well does the family doctor grasp the meaning of this anemia, and the vast importance of combating it before it is too late—before the impoverished condition of the blood of puberty has left its imprint upon the powers of resistance of the adult organism; has done permanent damage to the future mother.

Unsuitable diet, an overindulgence in sweets or spices, over-study, lack of fresh air and physical exercise, indulgence in late hours and abandonment to novel reading, to tight lacing, and other abominations of dress, contribute their quota to the causes of anemia in the growing girl. Each of these factors is, of course, removable by good common sense advice to parents and by proper exercise of discipline. Still, when the damage has been done, we must assist nature in its generous work of restoration, and here it is that we are obliged to give that sovereign cure of impoverished blood, iron, in such form as may best be suited to these cases.

The question as to what form of iron we should give to produce the best possible effects has been solved by both experimental and clinical researches conducted during the past twenty-five years—ever since Bunge and Hamburger experimentally demonstrated the inferiority of inorganic preparations (Morat and Doyen, Traite de hysilogie, Paris, Masson, 1904, I, 467). Iron, in the anemia of puberty, produces the best effects when given in t form that will stimulate digestion and increase assimilation, *i. e.*, in the form of the peptonate. With it should always be combined that second hematinic which has been shown to enhance the value of iron—manganese—and the two are best given in the form of the well-known solution, styled "Pepto Mangan (Gude.)"

With this may be given, in the anemia of growing girls, minute doses of Fowlers' Solution, or else equally small doses of strychnia which may be incorporated with Pepto-Mangan, as indicated in individual cases.

Pepto-Mangan has a great advantage over other forms of iron medication in that it does not constipate. Girls at puberty, however, are notoriously prone to constipation. Therefore, this should receive proper attention, chiefly in the

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regulation of diet, including a sufficient amount of fruit, raw and cooked, and of cereals giving a large residue of cellulose.

With this method of treatment many a physician has achieved success which was rewarded tenfold, by the sight of rosy faces and bright eyes.

NEURASTHENIA.

Today it is generally recognized that neurasthenia is a real morbid condition. It is not the result of modern civilization, as many writers would have us believe, but an actual disease that has probably existed as long as society. The name is not a generic term, and when so used, implies ignorance of the real condition it describes. Instead, it represents a specific malady with a definite etiology, pathology and symptomatology. There can be no question but that the trend of modern life. particularly under certain conditions. tends to aggravate and multiply cases of this disease. Overwork is unquestionably one of the principal causes, coupled with anxiety, worry or persistent excitement. It is a fact that the nervous system or the mental economy of any person can stand only about so much. When overtaxed the results are bound to be disastrous, just as a muscle will suffer from excessive work. Add to overwork, individual habits, including excesses of all characters, and neuropathic tendencies which are all too often the result of hereditary influences, and it can be readily seen that nerve tire is of prime importance in the development of neurasthenia.

Within later years certain toxic states, such as syphilis, rheumatism, malaria or the auto-intoxication of chronic constipation, have been recognized as important factors in the etiology of the disease. At any rate close study points to this important fact, that not one, but several causes unite to produce the group of symptoms ascribed to neurasthenia.

The prime object in treating this distressing condition is to restore nerve balance. Change of scene, regulation of the diet and correction of habits and faulty hygienic conditions are desirable features. But something more is always needed, and without the administration of some efficient tonic the neurasthenic will make little or no substantial improvement. The principal desideratum is to choose a tonic that goes further than mere temporary stimulation, one that will assuredly impart vigor to the nervous system, and at the same time assist each weakened organ in the re-establishment of its functions. Such a tonic is Gray's Glycerine Tonic Compound. Clinical experience has proven the therapeutic value of this well known product and under its administration the various conditions incident to neurasthenia are corrected and overcome. The nerve balance is restored, the digestive organs take up their work, normal elimination is promoted, and the various symptoms characteristic of nerve exhaustion are dissipated without the slightest evidence of undue stimulation.

Gray's Glycerine Tonic Compound moreover has this very important advantage, it not only aids worn out, tired cells and organs to do their work, but it does more —it helps them to help themselves. The results obtained, therefore, are permanent, not transitory.

To the Medical Profession:

With our March, 1907, pamphlet, we commence the issue of a series of eighteen illustrations of dislocations, the first being bilateral dislocation of the jaw. These illustrations will complement our illustrations of long bone fractures, and the two series will make a valuable collection of the busy practitioner. Physicians who are not on our mailing list can get them free by application to Battle & Co., St. Louis.

On the morning of March 4th the entire manufacturing plant of the Kress & Owen Company, manufactors of Glyco-Thymoline, was destroyed by fire. They possessed, however, a duplicate plant in storage and immediately commenced the erection of the same, so that within four days after the fire they were again turning out their product. We believe this is certainly the record for business activity and promptness in filling orders.

Carbenzol Soap, which is proving so popular with the medical profession, is particularly applicable to the requirements of the surgical, gynecological and obstetrical nurse. It is a perfect cleans-

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ing agent as well as a germicide, deodorant and antiseptic. As a "shampoo" it can not be surpassed.

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Every one who reads this journal may have a full size cake by sending ten cents in stamps to The Abbott Alkaloidal Company, Chicago, Ill.

DISEASE AND DEATH IN INDIANA IN FEBRUARY.

The report of the State Board of Health just issued in regard to disease and death in Indiana in February, says:

Influenza was the most prevalent disease, and then in their order follow bronchitis, pneumonia, tonsillitis, Scarlet fever was seventh in area of prevalence, and diphtheria tenth. Measles was very prevalent over the state, and mumps also; these diseases being reported from over seventy localities. Scarlet fever was also quite prevalent, but fortunately was in a mild form, only six deaths having occurred. Twelve schools were closed on account of scarlet fever, and in some localities it was discovered that scarlet fever had been diagnosed as measles. This was proven by the fact that the children after they recovered from their so-called measles, exhibited "peeling off of the skin."

Two hundred and forty-one cases of smallpox with one death were reported from twenty-five counties. In the corresponding month last year, 152 cases with no deaths in 15 counties were reported. The smallpox death occurred in Miami county. The disease was epidemic in the following counties: Fulton, 10 cases; Hendricks, 15; Howard, 12; Jefferson, 40; Marshall, 9; Miami, 64; Morgan, 20; St. Joseph, 23; Tippecanoe, 11.

Three hundred and twelve cases of typhoid fever with 46 deaths were reported from 45 counties. In the corresponding month last year, 117 cases with 29 deaths in 38 counties. One hundred and thirty one cases of diphtheria with 30 deaths were reported from 37 counties.

Pneumonia caused 664 deaths against 403 in the same month last year. The summary shows a greater prevalence of sickness and a higher death rate in February, 1907, than in the same month of the preceding year.

MODESTY VERSUS MONEY.

When the wind was in its most capricious mood on a particularly "blowy" day last summer, a woman at that mysterious age when her friends speak of her as "well preserved," made a dash around the corner of the treacherous flatiron building. Her gown was the lightest of summer muslins, and on her head she wore a marvelous creation of gauze and flowers. Every vagabond breeze in that vicinity instantly saw an opportunity to do stunts.

Sooner than it takes to tell it, the summer muslin was describing the most alarming aerial flights. But its owner, a hand on either side of her hat, kept on as stubbornly as though such a display of open-work hosiery was an everyday affair.

"Madame," cried another woman, rushing up to her, holding her own draperies in a tight embrace, "you are probably not aware of it, but your skirts are above your knees."

"I don't care," retorted the other, never moving a finger from the flower-laden bonnet. "I've had those legs for forty-eight years and can't lose them, but I've just bought this hat and paid eighteen dollars for it, and I don't mean to let it get away."—Human Life for April.

ARE YOU A BROMIDE?

Mr. Gelett Burgess has much to answer for in the publication of his canny little book "Are You a Bromide?" with its shameless list of platitudes dear to us all, such as "Now that you have found the way, do come often." This specimen, with about fifty others equally original and unhackneyed, hung up on the

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wall of any drawing-room at an afternoon tea, could be warranted to stop all conversation within five minutes. The weary hostess about to say the usual nothing to the departing guest catches sight of the inanity on the wall and is struck dumb. The little debutante about to proclaim that she is not educated up to Japanese prints remembers that this is a Bromidion, and takes refuge in silence.

The case is by no means fanciful. The dumb devil is abroad as a consequence of Mr. Burgess's book. The average man or woman who has made the appalling discovery that the list of Bromidions includes his or her little all of small talk now prefers to remain silent rather than be thought a Bromide.

This reign of silence has its advantages, but to the victims it is a tyranny which must somehow or other be overthrown. A good method of anarchy would be for the Bromides to copy the words and phrases of the Sulphites, and use them so freely in and out of season that the Great Exempt would entreat them with tears in their eyes to return to the cozy depths of platitude.—Anna McClure Sholl in April Lippincott's.

THE CARE OF THE WOMAN.

The laity generally consider the nose simply from its esthetic point of view and as the organ of smell. But the role the nose plays in respiration is by far its most important function. It not only serves as a passageway for the air in breathing, but it also warms, moistens and filters the inspired air. Bosworth has calculated that the nose should secrete about one pint of water daily, part of which is supplied by the tears, in order to moisten properly the inspired air.

The filtration of the air is accomplished first through the action of the hairs at the external margin of the nose which hinder the entrance of large particles; and second, by the adhesion of small particles to the moist surface of the intricate passages of the nose and the naso-pharynx. The microbes are expelled with the dust. In addition to this, the nose has probably the power of destroying any bacteria through the germicidal action of its mucus.

The nose also aids in phonation. Another and very important function of the nose is the ventilation it affords to the ears and their accessory sinuses.—Dr. Anna M. Galbraith, in The Delineator for April.

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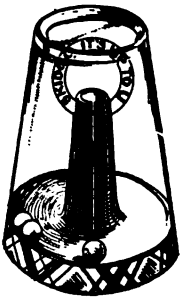

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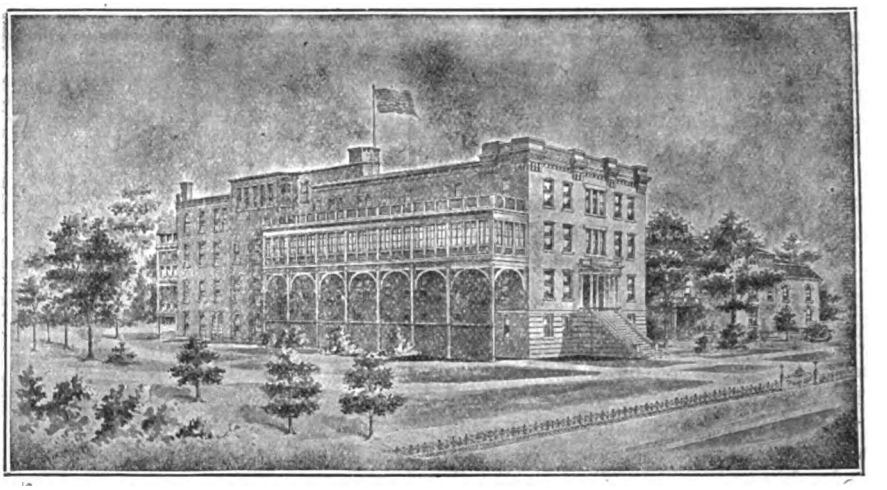

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This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession as a whole. An earnest invitation is extended the Medical Profession of America for contributions. The Editor assumes no responsibility for the views of contributors.

VOL. X. INDIANAPOLIS, IND., May 15, 1907. No. 5

ORIGINAL COMMUNICATIONS.

THE TREATMENT OF CARDIAC DILATATION.

By Charles R. Sowder, M. D., Indianapolis.

Professor of Clinical Medicine and Medical Diagnosis, State College of Physicians and Surgeons, in Affiliation with Indiana University.

Degeneration of heart muscle such as occurs in the compensatory hypertrophy of valvular lesions, in the hypertrophy due to excessive muscular exercise as frequently seen in the athlete, or from excessive blood pressure as seen in chronic Bright's disease and arterial sclerosis, or in diseases of the myocardium as seen in infectious fevers and local septic conditions, in the anemias, leukemias and similar conditions, are frequently followed by cardiac dilatation. Cases following acute tonsillitis, rheumatism, syphilis, gout, chronic malarial poisoning and auto-intoxications are by no means infrequent. In the treatment of cardiac dilatation we should distinguish between conditions which are due to degenerated heart muscle and those due to faulty innervation. To this last class belong many of the cases following acute infectious diseases, such as diphtheria and scarlet fever. In many of these cases heart failure is due to lack of nerve innervation rather than to diseased condition of the myocardium. A case of this type following measles was recently reported to the writer. Death was sudden on the tenth day of disease and during apparent convalescence.

We should have three considerations in mind in the treatment of dilatation aside from the immediate relief of distressing symptoms: First, to arrest and retard the degenerative processes; second, to lessen the mechanical work of the heart; third, to raise the tone of the cardiac muscle.

The urgent symptoms to be met: those of threatening failure manifested by dyspnea, weak, rapid and irregular pulse, are best relieved by digitalis, strychnine, caffein in sufficient doses. In continued treatment for the condition and to meet the indications noted above, we should enforce, in every case, complete rest in bed. The length of time required will vary with each individual

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case, depending on the degree of the dilatation, upon the strength of the heart muscle, and the recuperative powers of the patient and the causative factor.

In many cases ten to fourteen days of absolute rest will work wonderful changes for good. Following the rest in bed exercise should be gradually resumed and all sudden strain on the heart carefully avoided. The diet should be light and nourishing, rich in proteids. The bowels should be emptied daily by mild laxatives. Extreme hot or cold baths should be avoided but a tepid bath with brisk rubbing may be given daily. Alcohol and tobacco should be studiously avoided with the possible exception of cases occurring in habitual drinkers where the sudden withdrawal of alcohol is sometimes attended with dire results.

For the heart itself digitalis serves us better than any other drug. It slows the heart, increasing the force of systole, fill ing the arteries more completely, thus purifying and enriching the blood stream and lengthening the diastole, thus providing longer rest and more perfect nutrition for the heart muscle. Often times a pulse of 120 or 130 is reduced under its use to 60 or 70. The ice-bag in such cases applied continuously aids in its action by reflex inhibition. Strychnine may be combined with it but should not be continuously employed for a very long time. If the digitalis disturbs the stomach we may give with it twenty drops of aromatic spirits of ammonia or any aromatic water. A standarized tincture should always be used. Strophanthus in doses of six to ten drops every four to six hours, may be used where digitalis is not well borne. It is preferred in gout and similar conditions where vascular tension is high as it does not affect the arterioles.

In case of cardiac dilatation with anemia iron should be given. Blaud's mass and arsenic combined with sumbul acts well.

In case of degeneration of heart muscle following hypertrophy due to increased arterial tension from muscular efforts, often seen in athletes, in cases with fatty infiltration or with leuetic history sodium iodide in small doses, ten to fifteen grains, daily is of great value.

In patients with high arterial tension as in arterio-sclerosis the use of small doses of nitroglycerin, one drop of a one-percent solution three times daily, will aid.

Summary.

To summarize I would say: First, absolute physical rest in bed for a time followed by a life free from worry or excitement, moderate exercise, good, easily digested and nourishing food. Strict attention to the eliminative organs. Second, digitalis and strychnine with iron for anemia. The relief if possible of the cause.

HUMAN AND ANIMAL TUBERCULOSIS.

By R. W. Tuck, M. D., Arkansas City, Kansas.

The announcement at the British congress on tuberculosis, to the effect that bovine and human tuberculosis are different, that human tuberculosis can not be conveyed to cattle, and that man is insusceptible to bovine tuberculosis, etc.; came upon those present like a thunder shower from a clear sky, for a short time almost everybody appeared so surprised that answers could not at once be given to the remarkable statement made by the great tuberculosis expert. Prof. H. A. Wordruff who was present says: "I shall not soon forget the consternation and misgiving that statement caused. One thing was evident, however, that notwithstanding the veneration for so eminent a master, those best fitted to offer an opinion were not convinced by the evidence brought forward."

The British government impressed with the serious nature of the question at once granted a Royal commission, appointed in Aug. 1901, only one month after the congress ended.

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This commission issued its first interim report in 1903, which showed that they had succeeded, where Prof. Koch had failed in communicating human tuberculosis to bovine animals, and that his assumptions, even if they had any foundation were at least too sweeping to be accepted as guides to conduct our legislation.

The practical question raised by Prof. Koch was one of great economical as well as of great sanitary importance, affecting, as it did, not only the health of the community, but also the entire conduct and organization of the wholesale and retail businesses connected with the meat and milk supply, both of which had been suspected of spreading tuberculosis among consumers. Therefore we can see how important was this first interim report by the Royal commission and now we find that their follows some recent experiments in which healthy Jersey cattle especially selected for the purpose, guinea pigs, rabbits, pigs, goats, dogs, cats, rats, mice, monkeys and apes, were either injected with tuberculous material or fed with it. The material employed was derived, in a first series of experiments, from tuberculous bovine animals, and, in a second and third series, from human beings who were affected with tubercular disease or who had succumbed to it. Speaking generally the injections of the bacilli of bovine tuberculosis produced rapidly fatal results in all the animals except the rats and the mice, although in some, either because small doses were employed or by reason of unusual powers of constitutional resistance such injections were followed by recovery. With regard to the series of injections made from the first group of human subjects the effects on animals are absolutely identical with the effects of the baccillus of bovine tuberculosis and one can not discover any essential differences between the one and the other both are equally virulent, i. e., equally able to set up tuberculosis in bovine and other animals.

The tuberculosis material taken from a second group of human subjects, a group which does not seem to be clearly differentiated from the first, either by the seat of the tubercular affection or by its character, displaying a lesser degree of virulence; insomuch that the bovine animals experimented upon, although they became affected by tubercular disease, in many cases recovered from it. The effects produced upon guinea-pigs, monkeys, and upon a chimpanzee were in all cases fatal.

The general results so far obtained by the inquiry are summed up in the following conclusions:

There can be no doubt that in a certain number of cases the tuberculosis, occurring in the human subject, especially, is the direct result of the introduction into the human body of the bacillus of bovine tuberculosis; and there also can be no doubt that in the majority at least of these cases the bacillus is introduced through cow's milk. Cow's milk containing bovine tubercle bacilli is clearly a cause of tuberculosis and of fatal tuberculosis in men.

Of the 60 cases of human tuberculosis investigated by the commission, 14 of the viruses belonged to group 1—that is to say, contained the bovine bacillus. If instead of taking all these 60 cases, only cases of tuberculosis were considered in which the bacilli were apparently introduced into the body by way of the alimentary canal the proportion becomes much larger. Of the total 60 cases investigated, 28 possessed clinical histories indicating that in them the baccillus was introduced through the alimentary canal. Of these, 13 belong to group 1. Of the 9 cases on which cervical glands were studied by us, 3, and of the 19 cases in which the lesions of abdominal tuberculosis were studies, 10 belong to group 1.

These facts indicate that a very large proportion of tuberculosis contracted by ingestion is due to tubercle bacilli of bovine source.

A very considerable amount of disease and loss of life, especially among the young, must be attributed to the consumption of cow's milk containing

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tubercle bacilli. The presence of tubercle bacilli in cow's milk can be detected, though with some difficulty, if the proper means be adopted, and such milk ought never to be used as food. There is far less difficulty in recognizing clinically that a cow is suffering from tuberculosis, in which case she may be yielding tuberculous milk. The milk coming from such a cow ought not to form part of human food, and indeed ought not to be used as food at all.

MINOR SURGERY.*

Maynard A. Austin, Anderson, Ind.

Professor of the Principles of Surgery, State College of Physicians and Surgeons, in Affiliation with Indiana University, Indianapolis, Ind.

Minor Surgery, so-called, is either an improper name or it embraces a number of things that should be taken out of the minor class. To speak of Minor Surgery refers us in general to the small things, to things of little importance, to things that are pick-ups for odd times. Instead of this, however, in surgery it is the smaller things that are usually of the greatest importance. It is the knowledge that our smallest wounds may prove the most rapidly fatal. It is proving that the mal-position of a single stitch may cause not only the failure of an operation, but sacrifice the life of the patient. So many things make for and against the surgeon's success that it has been said that the greatest surgeon has been the greatest master of the lesser things. A surgical case of any nature should never be treated as a minor matter. As a surgical case at all it is of major importance from the beginning to the end. We may not appreciate the fact for a time because we have been lucky in our previous cases and yet luck is never a preventive or a cure.

The pathology of a minor surgical case will vary from healing by primary intention to death in a week from lock-jaw. The principles of cleanliness must be learned by actual practice, counting every case in which pus appears as a failure; counting every case in which complications occur, as a disaster to be avoided in the future. A man with a crushed finger may seem to have suffered with a trivial accident and yet if the finger is lost his capacity for work may be diminished not 1-10 but possibly ½. I know of a glass worker making $10.00 a day that was forced to abandon his trade because of a broken knuckle. I have seen two cases of a splinter wound in the thumb which resulted fatally from tetanus. I know of a case where a man lost four of his fingers because his wife advised him to put them in a weak solution of carbolic acid to relieve him from pain after a slight injury. These instances could be mutiplied in the experience of every physician. They are not all preventable, they are not all the fault of the physician and they are not always the fault of the patient.

It has formerly been taught that germs are our ever present enemies. We now know that strict asepsis is not compatible with life for any length of time. Like the old saying of the boy: "Germs when they are good, are very, very good; when they are bad they are awful." To eliminate such as are bad is our purpose in our antiseptic methods of cleanliness and sterilization. Chemical means have been superseded by mechanical methods. Bichloride of mercury, carbolic acid and various modifications with their German names and long pedigrees, have been superseded by plenty of soap, boiling water and a sufficient amount of effort on the part of the surgeon and his assist-

* Synopsis of a lecture delivered before the students at Indiana University, Bloomington, Ind.

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ants. Chemical solutions strong enough to prove effective have been proven dangerous when used upon or within the body. Heat in the form of boiling water to which is usually added some sodium bicarbonate is the common method for sterilizing instruments; the soda being used to prevent rusting. Heat in the form of steam and dry hot air is used for sterilizing dressings and the fabrics used about an operation. Certain chemicals are used in the preparation of some of our ligatures because they impart to them desirable qualities such as an added tensile strength or resistance to absorption, making it possible for us to put in a stitch which we know will last approximately 10, 20, 30 or 40 days. Pure silk used to be the most common suturing material, but it is now used for special purposes only. Many substances are being utilized and are found available at different times and places. Silver wire is used in bone work, horse hair to prevent scarring in wounds about the face and eyes, silk in stomach and intestinal work, although this has been superseded by a linen thread saturated with collodion. Silk-worm gut is used for surface wounds requiring strong and deep approximation, and last and most important, cat-gut and kangaroo tendon are of universal use because of their absorbable natures.

Cleanliness and stitching are only learned by practice and the degree of perfection needed is never so important as in the habit one will form in caring for their first cases.

There are so many things to be considered about a subject like minor surgery, that the time can be better spent in reminiscent facts than in principles or theories. Fifteen years ago Rush Medical College was teaching surgery second to no institution in this country and possibly second to but one or two in the world. The clinics given by Dr. Senn were having a world wide reputation, and they have the same drawing power to this day when Dr. Senn is in Chicago. The Central Free Dispensary was crowded with patients every day, and all classes of surgical cases came there. The common cases were cared for in the dispensary, the big cases were referred to Dr. Senn's clinic. On Tuesday and Thursday afternoons it was necessary to go an hour or two in advance of the clinic hour in order to get a seat in the big ampitheatre where Senn operated. From twenty to thirty cases were exhibited and operated upon at each clinic. They were cases that appear but rarely in the life time of the average practitioner. They were cases that were of the greatest value to post-graduates and visiting surgeons, because Senn taught pathology and diagnosis more eloquently than any teacher heard in this country. We of the lower classes hung around these clinics because there was no other college work at these hours. What we gained is questionable if anything. My note books are filled with the names of operations witnessed, the technique of which I could barely appreciate now. What we should have been doing was work in the dispensary, to see how the every day cases were cared for. Scarce a dozen of the one hundred and ninety men in my class are doing work that demands a knowledge of the things shown in Senn's clinic in those days. One of the questions asked by the State Board of Medical Examination last June was to describe the operation of removing the uterus. It was about as impractical as asking them to describe the technique of manufacturing Haffkine's Serum for preventing bubonic plague.

The doctor is called upon to take care of cuts, bruises and burns and if he can do this successfully, and has greater aspirations, he can follow his inclinations and build his future according to the foundation he has laid, and if he chooses surgery his foundation must be a thorough knowledge of all those things that comprise minor surgery.

These minor matters are not learned sitting in an ampitheatre watching as is often necessary, with an opera glass, the performance in the arena, but they must be learned in the daily come and go grind of cases as they appear at the dispensary, and which we too frequently treat contemptously, but not because of our familiarity with all that could be learned from them.

The university schools have seen the necessity of overcoming these scruples for minor matters, and have taken away "The taste for blood" that is acquired by

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watching grand stand operations too early in the career of the average medical student, by eliminating all practical work save laboratory experimentation, and removing the first two years' work to the surroundings of a university atmosphere, they have made the junior and senior dispensary work, an obligatory matter and the attendence of the big surgical clinics, a matter of after time.

Administering an anesthetic is another minor surgical matter. Any one can give chloroform or ether. Some doctors give many anesthetics without any fatalities, but it is not to their credit for skill that such do not occur. The fact in giving an anesthetic is that we overcome our patients by producing cerebral anemia. The skilled anesthetist keeps his patient overcome with a minimum amount of the anesthetic, watching every symptom and sign, and has all he can do to care for his case. The average doctor who gives chloroform or ether watches the operation, and carries on a flagrant conversation with the bystanders. Many hospitals now employ some one to give anesthetics who has no knowledge of medicine or surgery, save a long and special training in the one thing, "How best to give and attend to an anesthetised patient." These are usually women who have shown special proficiency, and the results are far more satisfactory than where every three months a new batch of internes are initiated into the work, and about the time they have begun to know how to administer a good anesthetic, they are transferred to another department.

A number of hospitals now separate the anesthetist from the operation by a screen, and unless an operation is being performed upon the head or neck, the anesthetiser will have nothing to detract him from his work of keeping the patient insensible, yet alive.

The current ratio of mortality for chloroform is given at 1 to 3,000 and for ether, one death in 30,000 cases. If the truth were given out in this country as it has been in Germany the death rate would possibly be nearer 5 times as great as we commonly consider. One series of German statistics gave a death rate for chloroform at 1 in 450. An interne in one of the hospitals in New York City told me they had three deaths from chloroform in three consecutive days. In Chicago neither chloroform or ether are permitted to be used by an interne unless in the presence of one of the attending men of the hospital.

When one first observes the ease with which some patients take an anesthetic and the seeming freedom from complications, as our first cases appear to be, we are liable to become overconfident. If one continues to give a few hundred anesthetics, it gradually dawns upon us as complications multiply, that our good luck can not be with us always. Some patient is going to die upon the table. Each person over whose face it may become necessary to place a mask, may draw his last breath, and ours have been the hands that assisted him or her from known misery to an unknown hereafter.

POSTPONED.

When the lady from next door called to complain of Tommy for the persecution of her pet cat, she found the youthful offender sitting on the front steps.

"I want to see your father!" she exclaimed.

"You can't see pa now," the boy replied.

"I shall see him instantly," the lady insisted, advaning.

"All right," the little fellow agreed, opening the front door and slipping out of arm's length. "Walk right up-stairs. You'll find pa in the bath-room takin' a bath."—May Lippincott's.

HE WANTED THEM DEAD.

Mrs. Black was to meet her husband at a certain store at one o'clock. After standing around for some time she grew very impatient, and, thinking that he might have forgotten to meet her, called him up on the 'phone at his place of business. Supposing that "central" had given her the right number, she exclaimed:

"Hello, Frank! Is that you? I'm nearly dead!"

"Well, madam, I think you have the wrong man. I'm an undertaker, and want them all dead!"—May Lippincott's.

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CASE OF DOUBLE UTERUS AND VAGINA—UTERUS DUPLEX SEPARATUS—CUM VAGINA SEPARATA.

By R. O. McAlexander, M. D., Indianapolis.

Clinical Professor of Gynecology and Abdominal Surgery, State College of Physicians and Surgeons, in Affiliation with Indiana University.

Mrs. G. S., aged 27, colored, presented herself at my clinic at the State College Hospital, April 1st, 1907. She complained of what she chose to call "female trouble."

The family history was negative. She was married nine years previous, had had four miscarriages, the first occurring at three months and the remaining three at about seven or eight months. She also has one living child now five years old—this being the last pregnancy. She stated that the miscarriages were difficult as well as the last confinement—very long and painful.

She complains of pain in the pelvis—particularly in the region of the tubes and ovaries; bearing down; weakness and at times pain in the sacral region of the back. A profuse muco-purulent discharge is stated to be present. She always menstruated regularly until within the past year when the epochs are too frequent but unattended with pain. The bowels are regular and her general nutrition would be considered good. She supports herself and child by her own work, and aside from the pelvic symptoms has no inconvenience.

PHYSICAL EXAMINATION.

The heart and lungs were negative. The digestive system in good condition. Nervous system somewhat impaired. She complained of inability to sleep well and the reflexes were somewhat heightened.

The examination of the pelvic organs revealed on inspection what appeared to be an exaggerated rectocele and on coughing or straining would protrude further from the vulva. On closer inspection this proved to be the hypertrophied lower border of a vaginal septum which formed two vaginae unequal in size.

Palpation revealed two vaginal tracts normal in depth, the right being the smaller of the two. The left leading to a cervix, the longer diameter of the os being antero-posterior instead of transverse, otherwise normal. The right leading to a rudimentary cervix the os being very small and circular. No laceration of the cervix or perineum had occurred during her labor. The examination of the uterus revealed an organ shaped like the fundus of a normal uterus but occupying the left part of the pelvis. This was freely movable and given off from the cervix just behind the symphysis. At this point the cervix was broad transversely and had extending to the right a short apparently rudimentary fundus. Between this and the fundus on the left there was a slight depression. The introduction of a sound into the left cervix proved the left half of the organ to be three inches in depth whereas the depth of the right half was but one and one-fourth inches. There was no communication between the two canals as was demonstrated by the simultaneous introduction of a sound into each canal. The five pregnancies had undoubtedly occurred on the left side. The examination of the patient during menstruation developed the fact that a profuse menstrual discharge issued from the left while a scant flow occurred from the right one.

Uterus Duplex Separatus Cum Vagina Separata is a rare condition. The student will remember that under normal conditions the fallopian tubes—uterus and vagina are formed by the ducts of Muller. The upper portion forms the tubes—the middle portions unite to form the uterus and lower portions to form the vagina. The preservation of all or any portion of the septa between the

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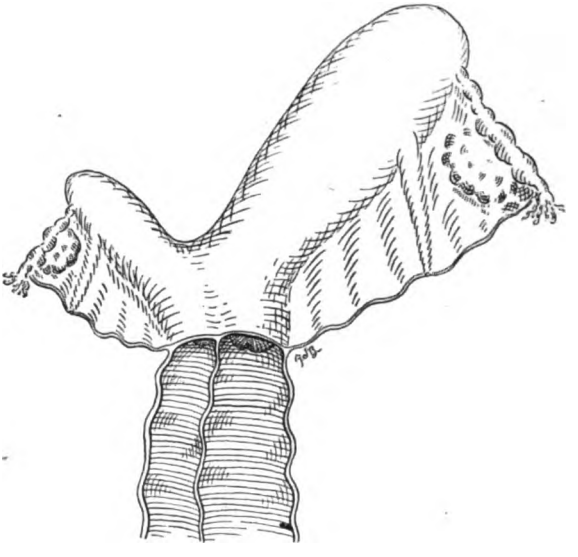
ducts gives us an anomaly of one or more of these organs. The case here detailed is one in which there was union of the ducts but a failure in the absorption of their dividing wall. We have two separate and perfectly developed vaginae there being no communication between them whatever.

The uterine cavities—one perfectly developed and capable of carrying on the function of pregnancy and birth—the other rudimentary, but separated from its fellow of the opposite side, capable of carrying on the function of menstruation in an imperfect manner. The tubes and ovary on the left side could be palpated—but in the right side it was impossible although they undoubtedly are present in a rudimentary form. I may mention in passing that where there is complete absence of the tube, ovary and one horn of the uterus, there is frequently an absence of the kidney and ureter on the malformed side.

Fortunately it is rare for a woman to be found with the above named anamoly. Two cases of double vaginae came under my observation some three years ago but each extended back to a point just in front of the cervix. In all those cases I have observed, the septum has divided the vagina antero-posteriorly although there are cases which have been reported where the septum has been transverse. When these patients become pregnant complications, both during pregnancy and labor are more certain to arise than under normal conditions. If the portion of the double uterus impregnated is imperfectly developed, the resulting conditions are not unlike those of ectopic pregnancy. Infections and fatal terminations are then greatly to be feared. The tendency in the above case was to abortion and miscarriage although she has one living child as a result of five pregnancies. That the malformation was entirely responsible for these accidents is more than we can say, although it certainly had much if not all to do with them.



Uterus Duplex Separatus cum Vagina Separata.

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HEREDITY.

(Bion.)

J. W. Crismond, M. D., Anderson, Ind.

The law of heredity is as definitely and specifically fixed, and is as undeviating in its cycle, as is the law of life itself. Indeed it is one of the essential elements of evolution and development of all animal and plant life; upon this law is founded the transmission of physical characteristics peculiar to species. It is this law which entails to the descendants of all living things, unimpaired, all the natural characteristics of their progenitors.

In discussing heredity it is of vital importance that we do not lose sight of the difference between congenital diseases or abnormalities, which may be transmitted to the offspring, and the operation of a natural law whose office is the perpetuation of the natural characteristics of the species.

Heredity, then, in its strict etymological sense, is but the reproduction in the descendants, the germ-cells life peculiar to the parent. The reproductive cells are not subject to disease, neither can they die; they exist in the ovum and spermatozon in all animals and the corresponding cells, known under various names, in plants.

Since the offspring may inherit from either parent, the means for transference of ancestral traits must be the same in both the male and female sexual products. Careful analysis of these products show that, apparently, there is but a single substance present in them which fulfills all conditions, and which can serve as the physical basis of heredity. This is that peculiar substance known to science as chromatin, or chromoplasm. Chromatin forms an essential part of the nucleus, not only of the sexual cells, but of all cells of both animals and plants. In all cases of karyokinesis the chromatin is divided between the daughter nuclei by a peculiar process, so that each half shall exactly resemble the other. The impregnation of the ovum, on the other hand, is the reverse of this. There is a union of the chromatin of the male and female cells to form a nuclear material for the germ about to develop. Hence it follows that when development begins each cell of the body shares equally in the chromatin of the germ-cells of both parents, because all of those cells are derivations by equal division of the compound or impregnated cell.

In the whole process of development there is a constant mitosis of nuclear material, and at no time, except in impregnation, is there a union of chromatin from two cells. The diminution of chromatine, which is the consequence of mitosis, is made good only by the assimilation and metabolization of non-chromatin material. It therefore follows that the chromatin of the germ-cells is not and cannot be derived from any part of the body, but is rather a direct descendant of the germ-plasm of the parent germ-cells. These cells are therefore set apart from all other cells of the body for the perpetuation of the species. *They can transmit nothing to the next generation except what they have received from their parents, or what may originate in themselves.*

The germ-cells form a continuous line from which at intervals the body grows up, lives its life and dies, in a manner analogous to the development of the fronds of the fern from underground rhizome. It necessarily follows that there can be no inheritance of these variations caused by disease, environment, mutilation, and the like. For since these variations occur during growth or in the adult, that is after the separation of the germ-cells from all the other cells of the body, there is no conceivable way in which the germ-plasm can participate in these modifications. The changes affect the cells of other parts, but there is no way in which the germ-plasm of the germ-cells can be correspondingly modified. Acquired characters can not be transmitted, but congenital variations,

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which are the sole factors in evolutions, alone can be transmitted to succeeding generations; and it is by cumulative effects of the continued inheritance under the action of natural selection, that new varieties, species, and higher groups have been brought into existence.

Children born of parents suffering from various diseases, i. e., cardiac, hepatic, pulmonary, Bright's disease, et ceteria, are more likely than others to develop lesions incident to these several ailments. But an occasion will be required in order to make actual the inherited tendency; a new influence, an intoxication, an infection, or an anomalous reaction will have to interfere in order that the malady develop. It is held by many that what is called hereditary pulmonary tuberculosis, is due rather to the fact that the offspring of tubercular subjects, suffer from insufficient respiratory activity, their breathing capacity being below the normal. We must keep in mind the difference between transmitted hereditary diathesis, or temperament, and the transmission of disease *per se*, by infection.

The transmission of various infections, such as glanders, hydrophobia, chorea, paludism, has been observed. There are on record a certain number of observations of congenital smallpox in which the child came into the world with pustules characteristic of the disease. In twin births one of the children has been known to be affected and the other not. Vaccinated women living in an epidemic centre, without being themselves affected, have given birth to children covered with pustules. The other eruptive fevers are all observed in the fetus, these facts add nothing new to the history of congenital infection.

In conclusion permit me to quote the *dictum* of Prof. August Weismann, and then make my own deductions: "The reproductive cells never die: They are eternal." If these cells never die, they are certainly immune against the agency of death (disease), and if immune against disease, they can not transmit disease *per se*. In short it is contrary to the biological law of heredity, whose purpose is the perpetuation of species, to transmit disease and mutilation.

A HOUSEHOLD NECESSITY.

No household is complete without a pet grandfather, especially if there is a baby to be ruined and an air of cheerfulness to be kept up.

Secure for your purposes a grandfather with a lack of morals, a ovial disposition and about a million dollars. Let him roam at large wherever he will.

It does not matter much whether he is a grandfather on your wife's side or on yours. If he is on your wife's side you will secretly dislike him; if he is on your side, she will. But you will both let him be on account of the million.

Never permit grandpa to be out of the nursery when baby is in it. Then, when anything is broken, you can blame him, and "pull his leg" for a new one.

Babies and grandpas always go well together. They are both the same age. It is well to bear this in mind. Keep a savings bank for both of them. And leave them both in charge of grandpa. When they are full, carefully remove the interiors and begin all over again.

It is not necessary to provide more than one grandpa, no matter how many children you may have. Two grandpas in one house often leads to an internecine war.

When you go out with your wife, always leave grandpa in charge of the baby. It is not necessary to tell him to mind. He will, anyway, as a matter of course.

When one baby outgrows grandpa, secure another immediately. Remember that grandpa must be amused and that he is amply able to pay for it.—Tom Masson in the May Delineator.

PROOF POSITIVE.

When little John was nearly seven
He went, by gasoline, to heaven.
His mother knows he's gone up higher
Because a burned child dreads the fire.
—Cecilia A. Loizeaux in May Lippincott's.

To read without reflecting is like eating without digesting.—E. Burke.

Full many a flower is born to bloom unseen
And waste its sweetness on the desert air.—Gray.

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EDITORIAL.

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OPSONIC THERAPY.

It is to the interest of every physician to thoroughly acquaint himself with Opsonic Therapy. Because it promises unusual results in the domain of therapeutics which a few years ago would have been beyond our comprehension is no reason why we should not investigate the subject and ascertain what merit there is in it. It may put therapy upon a higher plane. In it we find not only a therapeutic agent but also one which will aid in diagnosis. Some readers pass lightly over the mass of reading matter in our medical journals because the treatment of the subject generally shows that the writer possibly understood it but did not possess the faculty of presenting it in its A-B-C form. Many of the articles were results of an investigation with an absence of the rudiments of the subject taking it for granted that the general reader knew as much about it as the author. The Monitor has contained several abstracts but they were in a condensed form. The journal of the Michigan State Medical Society for April contains the interesting address of Ohlmacher which also appeared in the journal of the American Medical Association. It is clearer than much of the literature upon this subject. It says that the *opsonic theory, condensed, is that there are certain substances present in the blood serum that have the power of so acting on pathogenic germs, as to enable certain white blood-corpuscles (the phagocytes) to destroy these offending micro-organisms. Each germ is supposed to have a corresponding opsonin, and the quantity of an opsonin as compared with that in a normal blood is known as the "opsonic index."*

A lowering of an opsonic index opens the way for the invasion of the corresponding germ and the establisment of a diseased condition which that germ may produce. An infection by any germ is prima facie evidence that the opsonin against that germ is low, and it means that in order to bring about a cure of the infection, that particular opsonic index must be increased to or above normal. Oftentimes, this takes place naturally, and a spontaneous recovery follows, but this does not always occur and a chronic condition ensues. It has been abundantly demonstrated that the opsonic index can be raised by artificial means—that is, by the introduction into the system, at proper intervals, of small quantities of a sterilized culture of a germ corresponding to the one that is to be combatted. This is the basis of opsonic therapy. The substance injected is, generally, referred to as a "vaccine," but we agree with Dr. Ohlmacher in considering this an improper use of the word. Opsonic developments show the necessity of a special nomenclature for this line of

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work and as a result such a nomenclature is gradually being coined.

The results from his clinical application of opsonic therapy, as reported by Dr. Ohlmacher, are remarkable and seem to outstrip anything yet accomplished by drug therapy and conventional treatment. His largest experience, it seems, has been with staphylococcus infections, some of which were very obstinate and of long standing. A most pronounced improvement followed promptly in all cases, and in the majority resulted in recovery. Two of these cases were acne vulgaris, of one and two years' standing, respectively. Eight injections of a staphylococcus "vaccine" in the first case, covering a period of six weeks, and six injections in the second case, brought about a surprising improvement, both local and general. Several other cases of acne, including one of obstinate acne rosacea, are referred to as having been either greatly benefitted or entirely cured. A case of furunculosis and progressive multiple axillary adenitis, which failed to yield to careful surgical treatment and threatened the necessity of extirpating the involved glands, responded beautifully to the opsonic treatment—complete recovery following only three injections of the "vaccine." A deep palmar abscess and a case of so-called "psoriasis," but which bacteriologic examination indicated to be a "staphylococcus dermatosis," each promptly yielded to the treatment.

Of colon bacillus infections, a case of cystitis plus a pyelonephrosis and a case of mastoid fistula were successfully treated. A complete and permanent closure of the fistula was accomplished within a week.

A perfect recovery from a sacculated pneumococcus empyema in a seven year old girl was effected in seven days.

One case of advanced pulmonary tuberculosis was treated, but without apparent beneficial result other than a slight improvement which followed the first injection. A case of urinary tuberculosis complicated with a pneumococcus infection had been treated with mixed tuberculin and pneumococcus "vaccine" was marked by a progressive improvement.

The author refers to Wright's sanguine prediction that gonorrheal infections will yield to opsonic therapy, and to the difficulty of making a suitable gonococcus "vaccine." However, his efforts in the direction of growing the gonococcus for this purpose have been gratifyingly successful and, hence, he has had an opportunity of testing in several cases this line of treatment. He reports among the gonorrheal cases, one of balanoposthitis, one of double epididymitis and perineal fistula, one of subacute epididymitis, two of gonorrheal rheumatism, two of gleet, two of ophthalmia, one of conjunctivitis and two of vaginitis in little girls, all of which yielded within a few days to the treatment and most of them were completely cured.

The author concludes with this hopeful prophecy: "Finally, from what I have already seen, which is tempered by a rather extensive experience in private and institutional medical work, I am prepared to assert that with the proper artificial autoinoculation we can obtain constitutional and local improvement in many subacute and chronic infections entirely beyond anything previously possible in medicine. And I am personally assured that in these bacterial inoculations we possess therapeutic agents of a specificity and potency exceeding anything heretofore employed in the treatment of disease, except possibly the antitoxin of diphtheria."

Pottenger, Southern California Practitioner April, 1907, discusses the possibilities and limitations of the opsonic index and says that in the course of their investigations, Wright and Douglas, had occasion to analyze this question more closely, and upon certain facts, based their conclusions, that the assumed "stimulins" if they exist at all, are of secondary importance, and that the real factor causing phagocytosis is an element in the serum which acts upon the organisms, rendering them suitable for phagocytosis. In brief, they showed (1) if serum were inactivated by heat, little or no phagocytosis occurs; further that if time be allowed for the action of serum upon the organisms prior to the applica-

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tion of heat, phagocytosis takes place as in normal unheated serum on adding white corpuscles, thus demonstrating that the serum prepares the organisms, after which heat does not interfere with phagocytosis. In consideration of these facts, they applied the term "opsonin" to the principle in the serum, which "prepares food for" the phagocyte. Their attempt to find whether there is any stimulating element at all, was unsuccessful.

Bulloch and Atkin (2) varying their experiments slightly from the above, have shown that the opsonin unites with the cocci.

Neufeld and Rimpau (3) working with the streptococcus and pneumococcus, found that the organisms are opsonized rather than that the phagocytes are stimulated.

Hektoen (4) further strengthens this view by finding that if leucocytes are added to serum, and then washed, they are not phagocytic to organisms, thus demonstrating that they are not stimulated.

Dean (5) also confirms the view that there is a substance in normal serum which prepares the organisms for the leucocyte. So then from the theoretical point of view, there is ample proof that the "stimulin" feature of the phagocytic theory is not applicable, in so far as the blood serum is concerned.

Many other theoretical problems appear in the course of work along this line, which remain unsolved. Yet, nevertheless the practical man is justified in applying certain principles which have been laid down, to diagnostic and therapeutic ends.

The first requirement for this purpose, is skill in technic, for at best, certain errors are likely to intrude. Wright and Douglas, modifying the method of Leishman for phagocytic estimation, have evolved a technic by which it is possible to compare the phagocytic power of various individuals. The phagocytic power of a given individual, which is expressed by the average number of organisms per leucocyte, divided by the phagocytic power of a normal person, gives the index of the person tested. Simon and Lamar (6) consider that the errors likely to result in pursuing Wright's method are so great that a simpler modification is desirable. As there is at best a small percentage of phagocytosis without serum whatsoever, but dependent upon the salt content, it would seem that their method of diluting the serum before testing, allows of a disproportionate effect from this source in comparison with the effect produced by the diluted serum. This may account in part for some of their results, which differ from those of the English observers.

My observation as a student in Prof. Wright's laboratory, inclines me to the view that the many difficulties which new workers encounter in this line, are due to a lack of knowiede of detail necessary for a satisfactory result. As to whether the technic shall be changed to any great extent is only a question that time can tell.

Much has been said in reference to the use of the opsonic index in the diagnosis of tuberculosis and upon this subject the Medical Record April 27, 1907, says:

Contribution to this subject was recentely made by Drs. I. S. Stewart and L. C. Ritchie in a paper presented to the Edinburgh Medico-Chirurgical Society (*Lancet*, March 23), the method which they submitted and at which they had been working for some time was one which rendered possible a diagnosis of tuberculosis even when the signs and symptoms were not conclusive. It consisted in the injection of a minute dose of tuberculin R. in conjunction with the observation of the tuberculoopsonic index of the blood before and after inoculation. The conclusions were based on observations made on 122 consecutive cases of medical and surgical tuberculosis. The cases were divided as follows: 1. Those in which there was reasonable ground for diagnosing tuberculosis. In many diag nosis was based on pathological proof (examination of discharges, operation, etc.), and in the remainder by continued clinical observation. 2. Either normal cases or those suffering from diseases other than tuberculosis. The authors drew attention to the fact that several observers had shown that the tuberculoopsonic index varied slightly in health. The normal limits of variation were from 0.8 to 1.2. The first group (tuberculosis) consisted of 82 cases. The indices of 41

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fell within the normal limits and 41 outside. In the second group there were 40 non-tuberculous cases, of which 29 were within and 11 outside the normal limits. A diagnosis based on one examination of the tuberculoopsonic index would have resulted in an error of diagnosis in one-half the number. In the nontuberculous cases 27.5 per cent. were outside the normal limits, and a reliance on this test would have led to error to this extent. In acute tuberculous cases the swinging index might also lead to error in diagnosis. In a paper in conjunction with Dr. D. Lawson of Banchory it had been shown that if a small quantity of tuberculin R. were injected into a tuberculous patient there was a diminution in the index, but the reverse occurred in a healthy case. The conclusions were: (1) the opsonic index *per se* was an unsatisfactory means of diagnosis, as both tuberculous and non-tuberculous cases fell within and without normal limits; (2) if a negative phase appeared after inoculation the existence of tuberculosis might be diagnosed; and (3) the absence of a negative phase indicated the absence of a tuberculous infection.

THAW CASE REFLECTIONS.

If Thaw had any redeeming traits I have not heard of them. Honestly he received money and with it he did harm. Such persons as Thaw are of little use in this world. He killed a man when his own life was not in danger, hence it was murder pure and simple and surely from this point of view unjustifiable. Because he was rich it did not license him to commit a crime and if an honest day laborer had done the same I presume he would have ere this been in the fatal chair; but Thaw had money to provide the best legal talent and as for alienists, some one has said great minds differ and some say minds differ. A " brain storm" is a farcical pretex and if this as a condition made Thaw irresponsible there must have been a permanent brain storm which caused him to use his money to further immorality and crime. "Dementia Americana" of course was a word-play but if taken seriously it would mean that men who protect their honor in time of need must have an aberration of the mind such words would make honor and patriotism wear a black veil.

For some reason the minds of the jury were confused and by virtue of this fact Thaw still lives. The trial was a means of educating the world at large in immorality and crime and now what next- I predict that no jury will agree upon a verdict of murder in any degree. Some reflections upon the Thaw trial touching upon some other features are furnished by the St. Louis Medical Review as follows:

"If there existed in the mind of the defendant an insane illusion it is not an excuse unless the illusion is of such a character that if true it would result in his injury."

Such is the press report of a remark in Justice Fitzgerald's charge to the jury in the Thaw case. We prefer to credit the press rather than the judge, with such a mistake in so important a psychological matter as the use of the word "illusion" where "delusion" is clearly meant. An illusion is an hallucination of the senses; a delusion, a process of mental reasoning unwarranted by the ascertained or ascertainable facts.

On the other hand we are heartily pleased to hear it laid down that "the so-called irresistible impulse has no place in the law;" for only too often an impulse is encourged to become irresistible by the fact that it is likely to go unpunished. Schoolboys have, or had in our younger days, an irresistible impulse to rob orchards; but it ws a noticeable fact that while the impulse remained irresistible in general it had a remarkable knack of resisting its own irresistibleness in the case of certain orchards whose owners were vigilant, who possessed a whip, and who did not scruple to give a culprit caught in the act the choice between taking a hiding and being turned over to the proper authorities. The intolerable idea that in a civilized community a man is justified in deliberately and at his own time avenging his wrongs, however real and however serious, must inevitably lead, unless checked, to anarchy.

"Evans also told you Thaw had a brain storm. A better term would be paranoia of a millionaire. No one ever heard of a brain storm before, and Evans may have

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wanted to make of it a classic phrase," etc.

Thus Mr. Jerome, which demonstrates three things—two unsuspected and one well known. First, that Mr. Jerome considers himself so superior to logic that he deems it safe solemnly to predicate a universal negative. Secondly that Mr. Jerome considers himself an authority in medical science and particularly in its none too lucid onomatology. And thirdly, that he is, in point of fact, about as familiar with the elementary lecencies of common courtesy as he is superior to logic and familiar with the intricacies of correct medical nomenclature. Let us at once forestall objection by admitting that Mr. Jerome may have a conception of what constitutes "some one" that will justify him in classing us as "no one"; but if the words "no one" are taken to be taken in their literal and commonly understood signification as meaning "not a single person," we may forthwith remark that the term "brain storm" has been familiar to us from our student days some twenty odd years ago; and one contrary instance, as all logicians will admit, is sufficient to overthrow a universal negative proposition.

By the way, megalomania (*Anglice*, swelled head) is, according to Dr. McLane Hamilton, one of the manifestations of paranoia. Dr. Hamilton further says:

"The development of paranoia is slow, and, as it has a congenital, neurotic basis, we find a previous life characterized by some of the early peculiarities of conduct alluded to in describing imbecility. The downward progress of the disease is slow but sure, the patient entertaining a limited number of delusions for many years before lapsing into dementia."

But possibly this last remark is irrelevant.

THE INDIANAPOLIS MEDICAL SOCIETY.

As the constitution of the United States is for all the people so the Indianapolis Medical Society should be for all members of the profession of Marion county. Every member should have equal rights with every other member and unless it is so the attendance will not be up to the standard. Selfishness should not in any sense be a part of the proceedings. The names of many worthy members are seldom seen upon the program either to read a paper or to discuss one. Many who do not attend should do so. The regular attendants want the absentees present. Non attendance results in a double loss first to the society and second to the member. Each one of us can learn from others. Why should not this society be the most successful one in the West. Examine the membership roll and you will find that all which is necessary to make it so is for all members to become active. It should be the banner society and there is no reason why it should be otherwise. Quite a few have said to me that the papers treated upon subjects of interest to the specialist only. If this is true it should not be. I mean that all papers which have been read were good and good papers should and did contain at least a few thoughts that were of interest to every member. However if we desire papers in a certain line which will be of especial interest to the general practitioner let more of the members prepare such papers. I have no doubt that the judicial council will be glad to put them upon the program. If I am wrong I am willing to be corrected but first demonstrate the truth or falsity of what I have said. The Central States Medical Monitor and the Indiana Medical Journal will hereafter publish the proceedings of the society and we desire to see the names of a large number of members who do not attend the society meetings. We hope for better things, it is a good time for all to get busy. Let the society be a great society in every sense and upon all things a unit.

NOTICE.

The annual meeting of the State Board of Registration and Examination of Nurses will be held at the State House, Indianapolis, July 2nd.

DR. EVA SAMMONS, Sec.

Affection is the boasted basis of a good life.—Eliot.

The man whom I call deserving the name is one whose thoughts are for others rather than himself.—Scott.

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To_____

By Dr. Ralcy Husted Bell.

O to be a lover when the fields are wet with dew,
And the drooping poppies dreaming of a darling such as you!

O to be a lover when the moon is riding high,
And the nightingales are singing to the star-eyes of the sky!

Then within a garden old where all the air is sweet;
Where blossoms fall as softly as the falling of your feet;

Where the boughs are brooding shadows, and the shadows kiss the rose—
And the lilies fold their petals in a bed of summer snows—

O there within an olden bower—to walk with you and dream
That all the years shall be as sweet as passing moments seem!

Yes, there amongst the shadows and the flowers wet with dew
'Till we've whispered every secret that lovers ever knew—

'Till the sinking moon just lingers for a moment in the West
Ere her blushing face is hidden—as mine is in your breast—

O then to be a lover—that is joy enough for me
With my darling dreaming with me in a land across the sea.

Paris, France.

For my good friend Earp.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

DOUBLE PUPIL IN ONE EYE.

A remarkable case of double pupil (*Jour. des Progr.*) was observed by Professor Pacini, of Lucca, in a young man who, in his childhood, had, from an unknown external cause, been affected with chronic inflammation of the left eye, which had left it in the following state: The external parts of the eye are healthy, the corner is perfectly transparent, except at its external part, where there is a small pterygium; the pupil is elliptic, the fourth part of a line in height, and one line in breadth, and immoveable even in the strongest light. The upper eye-lid being raised, another pupil, three lines and a half in its largest, and one line in its smallest diameter, is discovered at the upper portion of the iris; it is somewhat directed towards the internal angle of the eye, and likewise insensible to light. The parts behind it are perfectly transparent. The young man is long sighted, and squints, the left eye being constantly turned towards the nose; whenever he looks at an object with both eyes, he sees it simple and distinct; if the healthy eye be closed, and the accessory pupil covered, the object appears confused, but if seen with the superior pupil only it appears simple and distinct. Whenever he looks with the morbid eye at an object placed before him, he sees its right half only, and that double; in order to see it simple, he is forced to direct the eye towards the external angle, and even then the right half is seen more distinctly and somewhat higher than the object. Objects appear of the same size, whether seen with the morbid or healthy eye; and continued exertion of the former produces a disagreeable sensation in the interior of the globe, so that he is obliged repeatedly to close the eye-lids.

W. W. VINNEDGE.

EXPERT MEDICAL TESTIMONY.

The exercise of expert medical witnesses recently causes a protest (Washington Star, Febr., 1907), as follows: The expert medical witness hired by the State sees the case only from the State's point of view, while the expert who sells his services to the defense naturally undertakes to deliver to that side the commodily for which he draws a fee. The whole business of summoning hired men to testify for one side or the other in a case involving human life or liberty is immoral. It reduces the judicial processes to a commercial basis. The court itself should secure such witnesses, should protect them from confusing inquisitions and should insure that their findings are presented to the jury in clear and compact form. Such a system would eliminate the confidence-destroying element of commercialism from criminal trials as now conducted, would shorten them and would safe-guard the interests of both the public and the accused.

W. W. VINNEDGE.

FAINT AND FAINTING.

Under the above heading Sir William R. Gowers (The Lancet, March 2nd, 1907, P. 565) discusses instructively what is familiarly called a "faint"; "cardiac syncope" we call it in medicine. Our Anglo ancestors called it "swooning", a word less used today than it was not long ago. It is related to "sigh" and perhaps arose from the irregular breathing often observed. "Faint" came to us through the French from the verb we still have in "feign," "Faint" was spelt indifferently with an *a* or an *e*. The latter spelling now retains the early meaning; with an *a* the significance has been differentiated into that which concerns us today. So great a change a single vowel makes, that a faint, if feigned is a feint.

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Our knowledge of fainting is just enough to obscure our ignorance. The most obtrusive feature of complete cardiac syncope is the loss of consciousness which results, evidently due to the failure of the action of the heart which precedes and attends it. But consciousness is not the result of the circulation of the blood. To say this is to state an obvious truism, for the two are totally different in nature. Hence the loss of consciousness cannot be the direct consequence of its *cause*. Its immediate cause must be a state of the nerve elements of the brain, due to the change in the circulation. We are apt to overlook this when we think of the process of fainting, but its recognition is of great importance because consciousness may be lost from other causes. Its loss is the most common feature of the epileptic seizure. Not long ago it was thought to be a constant feature; without such loss an attack was said not to be epileptic. We now know that this is altogether erroneous. Minor attacks are common in which consciousness is only blurred, and in local spasm especially it may be unimpaired. Still, it is the dominate feature in each condition and it involves a relation between them of considerable practical importance. This is the greater inasmuch as the nature of the brain state on which it depends in each is unknown. We do not know whether it is the same or different in fainting and epilepsy. The only indications we can obtain depend on the discernment of any relation between the two.

W. W. VINNEDGE.

HUMAN AND BOVINE TUBERCULOSIS.

The report just issued by the Royal Commission of England is certainly authoritative as to the difference between human and bovine tuberculosis. It appears to have established two chief facts: First, the difference (whatever the degree may be) between bacilli of the *typus humanus* and the *typus bovinus;* and, second, that the bacilli of the *typus bovinus* on entering the human body may set up active and fatal tuberculosis. Commenting on this report Nathan Raw (The Lancet, Febr. 16th, 1907, P. 458) declares that it furnishes the soundest reasons for stamping out tuberculosis in dairy cattle as a means of preventing the disease in children. He believes that practically all surgical tuberculosis is the result of ingestion of bovine bacilli in food, and more especially milk in children. It is further submitted that tuberculosis cannot be classed with the ordinary diseases caused by pathogenic organisms either in the mode of onset or the course which it takes. It is now established that cattle can only be rendered immune from bovine tuberculosis by injecting small and repeated doses of human tubercle, and that all efforts to immunize them by injections of bovine tubercle have signally failed. The writer believes Koch to be right in asserting that bovine bacilli cannot set up *human* tuberculosis, but it *can* set up serious and fatal bovine tuberculosis in man, for the simple reason that the human body is susceptible to attack by both human and bovine bacilli, as proved by the Commission; hence the enormous importance of safe guarding our milk and meat supply.

W. W. VINNEDGE.

TREATMENT OF SCIATICA.

The following is taken from the "Monatschrift fuer Orthopedische Chirurgie und physikalische Heil-und Untersuchungsmethoden, No. 4 April, 1907, beilage zu Deutsche Medizinal Zeitung 25 March 28," 1907, of Berlin under the title Behandlung der Ischias von Dr. E. S. McKee, Cincinnati, and is abstracted from the original in Blatter fuer Klinische Hydrotherapie 2-07 of Vienna.

First a calomel purge then salts: in constitutional disease as soon as possible introduce treatment for the cause: caution with morphine, in rheumatic cases salicylate preparations, in syphilis iodides, in gout colchicum and saline mineral waters.

Hypodermic injection of sterilized air. First sterilize the immediate cutaneous region, then insert a sterilized Pavas needle into the skin and connect with a thin rubber tube which is again connected with a glass tube containing a bit of sterilized cotton and then one drives by means of a rubber balloon the air slowly under the skin. Naturally, care must be

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taken that the Pavas syringe needle is not run into a blood vessel which easily occurs. Gentle massage should follow this procedure till the air is all absorbed. The rest cure of Wier-Mitchell is in some cases very successful especially in those where their means of livelihood has been an active one. Massage along the nerve, though quite painful often breaks up adhesions which are the cause of the disease in many instances. It is a rule, however, that in true neuritis, massage is not followed by good results. Massage and especially mechanic vibrations are of especial worth in chronic cases with beginning strophy.

Hydrotherapy systematically used deserves due consideration. The wet pack over night diminishes the pain remarkably as well as having a favorable influence on the neurotic process. The next morning the leg is unpacked, washed with warm water and massaged. Ten or twelve of these applications are usually sufficient. In subacute cases the half steam bath is of service. Patient sits in a steam container which reaches only above the hips. This half steam bath does not weaken the patient and allows of a higher temperature, 44° C. can be endured for 10-15 minutes without discomfort. Afterwards the patient is put in a bath of 35° C. for eight minutes and douches the diseased hips with water at 40 to 44° C. This procedure can also be combined with swimming baths and very often the drinking of large quantities of water is advisable.

Electrotherapy, Galvanic current direct on the nerves 4-8 minutes, highest 3 to 5 milliamperes. Also the interrupted Galvanic current stimulates the muscles in a mild way, holds the tissues in a good condition and prevents atrophy. The static (Franklin) douches with positive pole on the painful part is followed by good results. The apparent anodyne action of Faradism in Sciatica is due to its alterant action on the muscular tissue and through that on the circulation. The current dare not be increased to painfulness.

Surgical treatment—In long standing one is often lead to make an exploratory incision, lay the nerve bare, and separate some adhesions. In bloody nerve stretching, we find good and bad experiences. This operation is directly contraindicated in where neuritis is present as in these cases myelitis not infrequently follows. There is also a so-called bloodless nerve stretching wherein the patient is under ether, the thing is forcibly flexed on the hip-joint with the leg extended at the knee which position is maintained for some minutes.

The cure is easier when the patient is not too old and does not suffer from other diseases. The principle thing in the treatment consists in the careful observation of the patient, so that nothing is overlooked. The physician shall at once in the beginning commence with a systematic cure and if it does not go forwards seek for his failure, for failure lays somewhere certainly. Exact diagnosis of the condition the patient is the first and last means of treatment. E.

AN EPIDEMIC OF MICROSPORIDA IN BASLE.

Dr. His of the above city relates an epidemic of ringworm of the scalp observed in the public schools in 1905. There were 110 cases detected in three schools. Further communication and spread of this parasitic dermatosis was prevented by a firm head bandage. The conclusions drawn from this epidemic were as follows: (1) That the contagion was only transmitted from head to head; (2) that it was communicated only by close contact and (3) that it can be readily avoided by a simple, dry, snugly fitting head bandage. The therapeutic measures adopted for the eradication of the trychophytina consisted in the application of croton oil followed by dilute tincture of iodin. The Roentgen rays have recently been inaugurated for the treatment of this disease. (American Journal of Dermatology.)

N. E. ARONSTAM.

SPIROCHAETE PALLIDA.

Kraus in an article by that title states that in his early experiments he only found the organisms twice in nine cases of initial lesions. With the improved Giemsa stain, however, the writer found the spirochaete in twenty-three out of thirty-one smears from condylomata lata.

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He also noted the organisms in the semen of individuals affected with secondary syphilis. On the other hand they were conspicuously absent in the tertiary lesions of syphilis, especially in syphilomata. Hereditary syphilis furnished a considerable number of spirochaetes readily detected in bullae, lungs, liver, spleen, pancreas, kidney, testicle and the thymus gland. (Archiv. f. Derm. u. Syph. Vol. 82, p. 29.)

N. E. ARONSTAM.

Dr. Wolbarst (American Journal of Dermatlogy March, 1907,) in an article entitled "A Few Therapeutic Comments on Acute Gonorrhea) remarks that he does not depend solely upon internal medication in the acute stage of specific urethritis. Such treatment is as a rule mostly determined by the subjective symptoms of the patient. In order to allay the burning sensation on micturition he recommends a mixture composed of pot. acetate, tr. hyoscyamus, oil of wintergreen and syrup acacia. When an antiseptic effect is desired he administers a capsule consisting of salol and methylene blue. The bowels should be kept open, and this can be readily accomplished by giving dram doses of mist. rhei et soda 3 or 4 times daily before meals. In the subacute and chronic stages he employs the oil of santalwood, ten minims t. i. d. As regards the local treatment he advises injections of silver albuminate, in 5% strength. This is his routine for the acute and subacute stages. In acute posterior urethritis however he does not incline towards generalization, for some patients do better when they are let alone, with suitable internal medication of a sedative character. In these cases wherein local treatment is well borne, he has recourse to urethral irrigation. He prefers a large glass syringe holding about 5 ounces and equipped with a separate rubber tip to fit the urethra. He does not use the Valentine irrigator. With such a syringe one is able to maintain absolute control of the quantity of fluid, the rapidity with which it enters the urethral canal and the pressure exerted. He prefers in order mentioned silver albuminate 1:200, pot. permangan. 1:2000, and silver nitrate 1:10000. These strengths must be either increased or diminished to meet the requirements indicated. Irrigations should preferably be given twice daily and should be entirely abandoned when they tend to increase instead of diminishing the inflammatory state of the urethra.

N. E. ARONSTAM.

HOW TO DIAGNOSE MOVABLE KIDNEY.

Treating of Movable Kidney, Dr. C. W. Suckling has tersely formulated certain rules to be observed in making the examination, and also elucidates the modus operandi of executing his technique, of which I will take the liberty of quoting from his valuable monograph, "*Movable Kidney.*"

The diagnosis can only be made by palpation of the abdomen. The abdomen should be uncovered and the patient should be standing. To feel the right kidney, the right hand should be placed on the abdomen, the thumb being under the last rib at the back and the fingers in front below the costal margin. The kidney, if prolapsed, may be felt with slight pressure of the fingers to be down; but if not, when the patient draws a deep breath the kidney will slip into the fingers, and can be slipped back easily. A common mistake is to palpate the abdomen with the flat of the hand; this simply pushes the kidney in front of the hand.

The best way is to get the kidney between the thumb and fingers, and not to press too heavily so that it cannot come down. When the patient assumes a sitting or standing position the kidney comes down more than it does during inspiration when lying down, and it is always necessary before concluding that the kidney is not movable to examine the patient sitting or standing. In these two positions the patient should lean forward and try to relax the muscles.

To illustrate the importance of this, some years ago I sent a woman, who had a movable kidney and was unable to do her work, to a surgeon to be operated upon. The surgeon could not find the kidney when she was put under an anesthetic; he sent for me the next day to examine the patient again. I could not find the kidney while she was lying on her back, but when I asked her to stand

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up it could at once be felt in the right iliac fossa.

In examining the left kidney the left arm should be placed around the body, the physician standing on the right side of the patient, the fingers of the left hand being placed under the last rib, the right hand should be placed under the left costal margin; on drawing the breath, or on sitting or standing, if the kidney be movable, it will be felt between the fingers and can be made to slip up in a most characteristic way.

The left kidney rarely falls to the same degree as the right. I have seldom met with it falling below the umbilicus, while the right kidney frequently falls into the iliac fossa and even into the true pelvis. It is remarkable that the left kidney feels much smaller than the right. In the case of the right kidney there is frequently little or no pain, but often on walking or standing or sitting there is an uneasy feeling in the back on the right side. In the case of the left kidney, pain is often the most prominent symptom and is very severe, the pain disappears when the patient is lying down and comes on whenever she sits, stands, or walks. The pain then is under the left costal margin, running around the left side. I have had at least a dozen cases where this pain had been present for a long time, and was removed immediately by the use of the belt.

CRISMOND.

POST ANESTHESIA DISCOMFORT.

In the Cleveland Medical Journal for July, 1906, Agnes Pillow gives the following brief outline of a number of minor matters that are usually overlooked or given slight, if any, attention.

The alleviation of discomforts of a patient after an abdominal operation performed under ether anesthesia may be:

1. Vomiting, in which case the patient should not have anything by mouth.

2. Nausea, often relieved by inhalation of vinegar from a cloth.

3. Dryness of the tongue and lips and thirst-moist compress to lips. Allow patient to rinse mouth frequently.

4. Backache (a) rubbing, (b) small pillow to relieve pressure, (c) turn patient slightly on side and support by pillows.

5. Numbness of limbs (a) massage, (b) elevate knees on pillows.

6. Pains (1) Pains in head: (a) ice-cap, (b) massage. (2) Pain in abdomen due to: (a) Gas, which may be relieved by hot-water bottle; (b) distended bladder-hot-water bottle over bladder, hot perineal stupes, catheterization; (c) wound in abdominal wall—lighten binder; (d) operation upon viscera-heat; (e) pain in chest due to pleurisy or pneumonia-pneumonia jacket, ice-cap, room temperature 65 degrees to 68 degrees F.

7. Irritation (1) Skin: from discharges, as bile, pus, urine, etc., cleanliness, ointments, lanolin, zinc oxide, boric. (2) Irritation of nose and throat—keep air warm and moist; liniment, as camphorated oil. (3) Irritation of eye—dark room; ice compresses.

8. Sore mouth and tongue due to mouthgag or tongue forceps-mouth wash.

9. Sore lips (herpes) vaselin or cold cream.

10. Nervousness (1) In alcoholics, massage. (2) Morphine fiends, massage. (3) Neurasthenia: (a) massage, (b) sympathy, (c) scolding.

11. Faintness (1) From loss of blood: (a) Elevate foot of bed. (b) bandage legs and arms. (2) From pain: (a) hot-water bottle, (b) ice. (3) from fright: (a) assurance, (b) cheerfulness, (c) sympathy.

M. A. AUSTIN.

TREATMENT OF JAUNDICE.

Pisani has an article in the Post-graduate for March which contains a number of case reports and incidentally furnishes considerable information.

He says that the following prescriptions are used to stimulate the hepatic cells, to excite peristalsis and in a measure relieve the intensity of the suffering.

R (a)

Acid Arseniosi.....
Hydragyi Chlorid Corrosivi.a.a. gr. 1-15
Hydragyi Chlorid Mite..... gr. 1
Pulv Ipecac.....gr. 1.5

Fiat Tablet i.

R (b)

Extract Pancreatis.....gr. ii
Fel Bovis Inspiss.....gr. ii
Quinia Sulphatis.....gr. i

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Extract Colocynth Comp.....gr. i
Extract Nux Vomica.....gr. ½
Extract Taraxaci.....gr. ii
Ft. Pil. i.

R (c)
Cocoain Muriate.....gr. ½
Exalgin .....
Acidi Salicylate aa.....gr. 2
Phenacetine .....gr. 3
Make one capsule.

He draws the following deductions:

1. That all forms of jaundice are either intra-lobular, inter-lobular, or extra-hepatic.

2. That all forms of jaundice are due to obstruction of the biliary passages.

3. That the severity of jaundice in the intra- and inter-lobular forms varies, all depending upon the amount of biliary radicles occluded.

4. That the differential diagnosis between the intra-lobular and inter-lobular forms of jaundice is generally reached after considering the history of the case and the result obtained in the treatment of same.

5. That in the extra-hepatic form of jaundice where the obstruction is due to biliary calculi, it is always advisable to submit the patient to a thorough medical treatment as explained above, before allowing him to submit to operative interference.

6. If the obstruction does not yield promptly to medical treatment, surgical interference should be at once instituted.

RYAN.

BERIBERI.

Wheate has written exhaustively upon beriberi in the New York Medical Journal April 6, 1907, from which the following conclusions are drawn:

1. Beriberi is an acute infectious disease, transmitted by direct infection, probably always through a skin abrasion upon some vulnerable portion of the body.

2. The specific organism causing the disease is an exceedingly small bacillus, usually seen in pairs but not encapsulated, and is found in the cerebrospinal fluid and blood only during the acute or inflammatory stage of the disease, after which time it rapidly disappears from these tissues.

3. The favorite habitat is virgin soil protected from sunlight. It is a slightly facultative anærobin and not very viable, being speedily killed by exposure to sunlight as demonstrated by bacteriological test and by clinical experience.

4. The former classification of the disease as *beriberi hydrops* and *beriberi atrophica* is erroneous. There is but one form of beriberi, which is characterized by three stages: 1st. The stage of invasion. 2nd. The stage of exudation, beginning in the cord and following by toxic motor and sensory paralysis of varying extent, which in typical cases procedes to the 3rd, or the stage of compensation, in which the disappearance of the bacilli and the toxic stage results in the rapid (usually) disappearance of the dropsy in cases in which softening and dilatation have not progressed to the degree of permanent loss of compensatory action.

5. The degenerative cord and nerve lesion is long present in all moderately severe cases, resembling the lesion in tabes in this particular, and even though the heart lesion *appears* to have subsided while the patient is leading the inactive life of a convalescent, the damage to function is permanent. This explains the numerous cases of sudden and unaccountable death in patients leaving hospital apparently cured, as reported by many observers with extensive hospital experience.

6. That a toxine or toxalbumin should be isolated is the rational conclusion, and that an antitoxine curative in the period of germ activity and before degenerative change has taken place is the inevitable reward for properly directed effort.

EARP.

PATHOLOGICAL CHANGES IN SYPHILIS.

During the course of an article (North-West Medicine April, 1907,) which treats of the nervous manifestations of syphilis Russell says that the pathological changes produced by syphilis on the nervous system are (1) by producing a meningitis with infiltration, (2) by producing gummatous masses, (3) by producing an inflammation of the arteries, and (4) by so influencing the nervous system as to lead to the development of degenerative

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diseases. Of all these forms of anatomical change, it is the arteries that are most affected, and particularly the arteries at the base of the brain. Syphilitic meningitis is characterized by the proliferation of round cells and the preponderance of an exudate which has a tendency to infiltrate into the nervous tissues. The inflammation of the arteries attacks first the external coat and adventitia, producing there an enormous multiplication of round cells. The external coat becomes weakened, and as a result there develops beneath it, between the intima and the elastic layer, another exudate which constitutes what is known as endarteritis. In syphilitic arteritis, therefore, the former being usually the primary and most essential process. The endarteritis, however, as it develops gradually produces an occlusion of the arteries. This cuts off the circulation of the blood and leads to softening of the part. There is also a development of a hyaline degeneration in the arteries, which some regard as a very essential part of the anatomical change. The *diagnosis* of nervous syphilis is based upon the history of an infection, the irregularity and fugacity of the symptoms, the intense headaches, the presence of an optic neuritis, the age of the patient, and the results of treatment.

EARP.

CALCIUM SALTS IN PNEUMONIA.

The N. Y. Med. Jour. quotes the following from the British Medical Journal of March 16, 1907:

Brunton calls attention to the tendency to cardiac failure in the epidemic of postinfluenzal pneumonia now prevalent in England. Such cardiac failure may, he thinks, be to some extent averted by the free use of calcium salts, which have a tonic action on the heart. The only harm it is likely to do is to increase the coagulability of the blood, but this is small, compared to the risk from cardiac failure. It is given in five to ten grain doses every four hours, simply dissolved in water. As it is very deliquescent it can only be kept in solution. It has a very disagreeable saline taste, but this can be very well covered by saccharine, one twentieth of a grain of which is sufficient for every ten grains of the calcium chloride. Encouraging results have also been obtained in cases of cardiac disease, where the ventricular wall appeared to be losing power. It is quite possible that the great benefit frequently observed from the use of milk diet in cases of heart disease may be due, in part at least, to the large quantity of calcium salts the milk contains.

SCOTT.

ANESTHESIA.

Ingle Therapeutic Gazette, April, 1907, concludes an article upon anesthesia with the following resume:

1. Narcosis is too serious a condition to be induced by any but those skilled in the art.
2. The anethetist and surgeon should work in harmony.
3. The simple drop method on the open cone is the preferable form of administering ether.
4. The psychological state of the patient powerfully affects the narcosis.
5. It is not always necessary to remove false teeth.
6. New method of "pumping out" excessive secretion of mucus.
7. Mouth-gag and tongue forceps are rarely necessary.
8. The accidents and sequelæ of narcosis are best prevented by the drop method administration of warm ether by trained anesthetists.

SCOTT.

MAGNESIUM SULPHATE SOLUTION IN INFLAMMATION.

Tucker in the Therapeutic Gazette for April cites thirty-six cases to illustrate the good results he has obtained by the use of magnesium sulphate. The cases were gonorrheal epidymitis and similar conditions. The author says:

Knowing that magnesium sulphate in solution when used hypodermically has distinct anesthetic properties, I first tried it as a local application with the object of getting a treatment which would relieve local pain, as all other external applications tried had been found almost valueless.

After experimenting for several years with many recognized local remedies, I had about reached the conclusion that

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rest in bed accomplished as much as any local application, but the remarkable results in relief of pain obtained by the use of this substance and the abatement of inflammation have led me to report my experience.

This treatment, at my suggestion, has been used by a veterinarian with decided success in the leg injuries of thoroughbred horses.

The majority of the cases were treated in my wards at the Philadelphia General Hospital. The case of tuberculosis peritonitis was seen at the Phipps Institute, The others were met in my private practice.

I have also used this treatment in three cases of gonorrheal rheumatism with good local results.

In two cases of facial erysipelas, one responded in forty-eight hours; the other in three days. In both the local pain was abated in a few hours.

One case of alcoholic neuritis of the lower extremities obtained relief in a few hours, but the solution had no curative effect.

Two cases of traumatic neuritis were likewise benefited. A case of acute inflammatory rheumatism involving the elbow-joints obtained relief from pain in less than twenty-four hours, with disappearance of swelling and redness in eight days. I have also tried it in two cases of sprained ankle with prompt results.

It has been used on simple contusions with marked benefit.

TECHNIQUE.

The application consists of a saturated solution of magnesium sulphate in water.

This solution is applied on from 15 to 20 thicknesses or ordinary gauze. This is saturated with the solution at least every half-hour, or as often as necessary to prevent drying, depending on the time of the year and the temperature of the room. The gauze is not removed until the end of twenty-four hours; the parts are then washed with water and the dressing re-applied if indicated. There is then found to be a marked blanching of the surface, which is, however, not followed by any deleterious effects.

The attendants who made the application complain that it causes a partial loss of sensation accompanied by tingling of the hands and arms, which persists for from twelve to twenty-four hours.

In the treatment of inflamed testicle, elevation was not used, other than to prevent wetting of the bedclothes.

Some cases, as noted in the preceding report, were kept in bed, while others were allowed the freedom of the ward.

In many cases no internal medication was given.

RYAN.

AMPUTATION OF THE THIGH UNDER HYOSCINE-MORPHINE-CACTIN ANESTHESIA.

Ebert in the Military Surgeon for May says:

I wish to report the successful use of the hyoscine, morphine and cactin combination as a general anesthetic in an amputation of the thigh in the upper one third.

The tablets used were those put up by The Abbott Alkaloidal Company, and contained Hyoscine Hydrobromide, gr. 1-100, Morphine Hydrobromide, gr. ¼, Cactin gr. 1-67. Injections (hypodermic) were given two hours, one hour and half an hour before operation. Anesthesia was ideal and complete throughout operation and for several hours afterward. No ill effects whatever were noticed at any time. Muscular relaxation was not so complete as in ether or chloroform anesthesia so that after the operation no subsequent contraction of flaps took place and there was no more tension on the stitches afterward than at the time they were put in.

If this anesthetic will work in all cases as well as it did in this and numerous others reported in the medical journals, it would appear to be the ideal anesthetic for field use and emergency work where one may be short handed, as it does away entirely with the anesthetist and the space and care necessary in the transportation of ether or chloroform.

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MEDICAL MISCELLANY.

STATE COLLEGE HOSPITAL AND DISPENSARY.

The hospital and dispensary of the State College of Physicians and Surgeons have been especially successful in furnishing clinical material. Dr. Goethe Link, superintendent of the college dispensary, furnished the quarterly Bulletin with the following report:

During the months of January, February and March, 1,556 calls have been made, 3,642 patients have visited the dispensary for treatment, and 236 confinement cases have been attended in their homes, an average of fourteen cases of obstetrics for each interne. All of this work has been done by the internes, who are selected from the senior class.

Six internes are appointed, each serving three months, to be succeeded by others of their class; thus all from the senior class who so desired have had this opportunity for practical experience. A registered pharmacist is employed whose only duty is to instruct the internes in practical pharmacy. Each interne serves in the drug room in turn and assists in compounding prescriptions.

All patients treated at the dispensary are required to come at least once a week to the clinics for use in teaching. This has provided more material than can be utilized by the clinicians, and often makes it possible to show different stages and varieties of the same disease at one time. Since the actual practice, including diagnosis and treatment, as well as preparation of the prescriptions, is done by the student himself, it gives an experience not to be gained elsewhere.

The sections for teaching being made small, the large number of patients makes it possible to have each student actually perform the manipulations in examining and treating the various conditions. The hand is thus trained, and the first efforts in private practice are not untried application of theories.,

During the summer the dispensary will be conducted with a full corps of staff physicians and internes. This will preserve its present good condition and insure plenty of material at the opening of the next school year.

Superintendent Thrasher and Miss Stevenson who is at the head of the School for Nurses furnished the following statement:

The State College Hospital, operated in connection with the State College of Physicians and Surgeons, is a thoroughly equipped, well-organized and strictly up-to-date hospital of seventy beds. Its central location in the downtown district, within a few squares of Terminal and Union Stations, places the hospital in quick reach of downtown accident cases, and makes it both convenient and easy of access for out-of-town patients. The hospital has twenty large, light and comfortable private rooms; a female medical ward; a female surgical ward; a children's ward; obstetrical ward; a male medical ward; and a male surgical ward, as well as dressing rooms, diet kitchens, a linen room, a drug room, and a room for the storage of all surgical supplies. The labor room is situated conveniently near the obstetrical ward; and the main operating room is large, well lighted and thoroughly equipped. To one side are doctor's dressing and wash rooms, an anesthetic room, a preparation room and a room for surgical supplies. The X-Ray and Electro-therapeutic equipment is the finest in the State.

The hospital has admitted and treated two hundred and eighty patients since its opening September 10, 1906. The medical work has been particularly rich in interesting cases. The hospital has cared for thirty-six cases of typhoid fever, with only one death, which speaks well of the nursing and attention they received. The work has perhaps been heavier in surgery. The book show a total of two hundred and thirty-seven operations.

The Training School for Nurses in connection with the State College Hospital has been organized, and has begun work with four graduate nurses in charge of the different departments.

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There are already ten pupil nurses in the advanced classes and four probationers. Two graduate nurses are taking a post-graduate course in Surgery and Obstetrics.

With the increased number of applications coming in each day, it will be an easy matter to increase the nursing force to the desired number. Two suites of rooms in the Emelie Flats have been rented and furnished, and make the most desirable nurses' quarters in the city.

With the hospital and medical school in the same building, the nurses have unusual opportunities for attending clinics and lectures, aside from the regular classes and lectures arranged especially for them. They will also have convenient opportunities to observe the microscopical and pathological specimens.

As soon as our corps of nurses is sufficient, the seniors will have the privilege of doing special nursing, and will have the unusual advantage of attending in the dispensary work, together with making calls on outside patients.

In short, it will be one of the best Training Schools in the Central West.

ORANGE BLOSSOMS.

On April 16th the wedding of Miss Edna Castor and Dr. Paul F. Robinson was solemnized at the home of the bride's cousin, John McLaren, 1212 Pleasant street. The Rev. D. A. Heron of the Seventh Presbyterian church officiated.

It was several years ago that Dr. Robinson became deputy under Coroner Harry Tutewiler. His duties as such often took him to the offices of the coroner in the Court House. Miss Castor has presided for some time in the offices, and the acquaintance formed soon grew into warm friendship. Four years passed and a new coroner reigned in the stead of Tutewiler. However, Miss Castor was retained in the offices. Dr. Robinson was not retained as a deputy, however, but did not allow his friendship for the coroner's clerk to terminate.

DR. HARRY LANGDON WEDS.

A press item from Zanesville, O., April 20, says:

A very pretty nuptial event was celebrated in this city at 11 o'clock this morning when Miss Katherine D. Keene, daughter of Mr. and Mrs. E. S. Keene, of South Fourth street, became the bride of Dr. Harry K. Langdon, of Indianapolis. The wedding took place at the home of the bride's parents, the Rev. Donald McIntyre Ross, pastor of the Second Presbyterian church, officiating. Only the immediate relatives were in attendance. The only out-of-town guests were Mrs. C. C. Williams, of Indianapolis, an aunt of the bride, and C. W. Pearson, of Indianapolis, a friend of the bridegroom. Following the ceremony a wedding breakfast was served after which Mr. and Mrs. Langdon left for a wedding tour, during which they will visit the principal cities of the East. They expect to be at home to their friends in Indianapolis after May 6.

DEATH OF PHYSICIANS.

The annual report of the State Board of Medical Registration and Examination shows that during the calendar year 1906 a total of 135 physicians died in this State. In spite of this there was a net gain in the number of physicians, however, as 245 licenses were issued during that year. Twenty-three physicians transferred their licenses from Indiana to other states. Of those who died, twenty-eight were not graduates of any medical school. One was graduated in 1849 and twenty-three others were graduated in the fifties and sixties.

DR. E. S. McKEE.

Dr. E. S. McKee, of Cincinnati on account of his recent writings on Medico-Legal matters, has been made a member of the New York Medico-Legal Society and one of the editors of the Medico-Legal Journal of New York.

SUMMER CLINICAL COURSES.

The State College of Physicians and Surgeons will continue its clinical course throughout the year (twelve months) with regular staff of clinicians in attendance.

The material for these courses is furnished by the College Hospital and College Dispensary and Out-Patient Departments.

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These courses are open to Junior and Senior students, and to graduates in medicine.

No fees are charged for the summer courses.

STATE COLLEGE OF P. AND S. ENDORSED.

At a recent meeting of the executive committee of the Association of American Medical Colleges held in Chicago the State College of Physicians and Surgeons in affiliation with Indiana University was unanimously endorsed by the committee.

MADISON COUNTY MEDICAL SOCIETY.

Dr. T. M. Jones, secretary, has furnished The Monitor with the following program of the Madison County Medical Society for 1907:

APRIL 23, ALEXANDRIA.

Dr. Charles Bechtol, Marion—"Some Experiences With the Knee Joint."

Dr. E. M. Conrad—"Infant Feeding."

Dr. G. A. Whiteledge—"What Do We Mean by Catarrh."

Dr. A. W. Collins—Case Reports.

MAY 21, ANDERSON.

Dr. J. W. Cook—"History of Forceps. Their Use and Abuse."

Dr. A. J. Long—"Difficult and Impossible Labors. Their Management."

Dr. W. W. Kneale—Case Reports from Obstetrical Practice.

Dr. Etta Charles—"Cesarean Section versus Destructive Operations in Obsteterics."

SEPTEMBER 24, ELWOOD.

Dr. F. F. Mendenhall—"General Causes of Pelvic Diseases in Women."

Dr. C. P. Runyan—"A Consideration of the Common Diseases of the Ovary."

Dr. A. W. Tobias—"Gonorrhea in Women."

OCTOBER 22, ANDERSON.

Dr. L. F. Hunt—"A Consideration of the Most Common Rectal Diseases."

Dr. J. B. Fattic—"Management of Fractures. How May the Physician Best Protect Himself Against Suits for Malpractice.

Dr. M. A. Austin—"Surgery of the Kidney."

Dr. T. O. Armfield—"A Consideration of the Most Common Bone Diseases."

NOVEMBER 26, SUMMITVILLE.

Dr. L. F. Mobley—"Diabetes."

Dr. Thos. O'Neil—"Gonorrhea; Complication and Treatment in the Male."

Dr. J E Hall—"Hyoscine, Morphine, Cactine Anesthesia."

DECEMBER 24, ANDERSON.

President's Address—Dr. F. G. Keller.

GRADUATION EXERCISES OF THE STATE COLLEGE OF P. AND S.

A special train will take the friends of the State College to Bloomington May 18. The exercises will commence at 10 a. m. Dr. Arthur Dean Bevan of Rush Medical College, Chicago, will deliver the address. The degrees will be conferred by Dr. Bryan, president of Indiana University.

NEWS ITEMS.

Dr. R. O. McAlexander will take a special hospital course during June and July in Philadelphia.

Dr. S. J. Hatfield will spend May and June in Philadelphia in hospital work.

Dr. Charles R. Souder after attending the meeting of the American Medical Association will take a special course at the Massachusetts general hospital in Boston.

Dr. J. I. Tibbetts of Wayzata, Wis., who graduated from the Central College of Physicians and Surgeons in 1883, visited the State College of Physicians and Surgeons and was the guest of S. E. Earp.

Dr. E. J. DuBois of the City Board of Health, will take a special course in bacteriology in New York during June and July.

Dr. and Mrs. J. F. Barnhill who have been making a pleasure tour of North Carolina returned May 1st. Dr. Barnhill will attend the meeting of the American Medical Association and the Laryngological Association.

Dr. Frank M. Fitch and Dr. Emma Collop Fitch have established a maternity

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hospital at 725 N. Illinois street. Telephones, old Main 3314; New 644.

Dr. Troy Earhart, formerly one of the physicians at the Indianapolis City Dispensary and now physician at the Acon Hospital in the canal zone, visited Indianapolis May 5. He left for Mulberry, Indiana, his home for a six weeks' vacation.

Dr. Frank L. Truitt has removed his office to 115 East New York street. New phone 4192.

INDIANAPOLIS SCHOOL OF NURSING.

The graduation exercises of the Indianapolis School of Nurses was held at the assembly room of the city hospital May 2, 1907, at 8 o'clock. The following program was rendered:

Prayer—Rt. Rev. Joseph M. Francis, Episcopal Bishop Diocese of Indianapolis.

Address—C. F. Remy.

Presentation of Diplomas—T. J. Moll.

Graduating Class.

Colerick, Marion, London, Canada.

Daller, Bessie, Indianapolis.

Funk, Georgia, Wooster, Ohio.

Goodale, Mabel, Hartford City, Ind.

Holder, Flora Belle, Otwell, Ind.

Kimberlin, Lena Holten, Clarendon, Ark.

McKinstray, Ethel, Indianapolis.

Robinson, Virginia Mayo, New Orleans, La.

Shackford, Edna Grace, Pleasant Lake, Ind.

Shauck, Mary, Arlington, Ind.

Wollom, Nellie, Walter, Okla.

INDIANA STATE MEDICAL ASSOCIATION.

The following is the preliminary list of papers for the 58th meeting of the Indiana State Medical Association which will convene at Indianapolis May 22, 23 and 24, 1907:

Tubercular Peritonitis, Charles L. Wright, Huntington.

Cholecystitis, H. O. Pantzer, Indianapolis.

Use and Abuse of the Obstetrical Forceps, G. T. McCoy, Columbus.

Spastic Diaplegia, F. F. Hutchins and H. R. Allen, Indianapolis.

Cough, its Etiology and Treatment, G. W. Spohn, Elkhart.

The Cataract Operation, F. C. Heath, Indianapolis.

Some Observations on Urinary Casts, Robert Hessler, Logansport.

Infantile Hypertrophic Stenosis of the Pylorus, O. N. Torian, Indianapolis.

Management of Tuberculosis, Amos Carter, Plainfield.

Intracranial Lesions of Otitic Origin, J. J. Kyle, Indianapolis.

Eye-strain, W. J. Leach, New Albany.

Hypertrophied Prostate—Resume of Operative Treatment, F. R. Charlton, Indianapolis.

Aestivo-Autumnal Fever, G. D. Marshall, Young America.

A Year's Clinical Experience at French Lick Springs, G. D. Kahlo, French Lick.

Hyperaemia as a Remedy, Louis Burckhardt, Indianapolis.

The Out-door Treatment of Tuberculosis, J. C. Blossom, Mt. Summit.

Symptomatology and Diagnosis of Influenza, F. O. Dorsey, Indianapolis.

Treatment of Influenza, S. E. Earp, Indianapolis.

Rheumatism Analyzed, and Treatment, F. J. Walter, Kramer.

The Early Diagnosis and Treatment of Cervical Lacerations and the Proper Time for Their Repair, A. S. Jaeger, Indianapolis.

Physical Therapeutics, Garette Van Sweringen, Ft. Wayne.

The Value of the Bismuth Skiagraph in the Clinical Study of Gastroptosis and Enteroptosis, A. B. Graham and A. M. Cole, Indianapolis.

Enuresis, L. P. Drayer, Ft. Wayne.

The Calorimetric Principles in Artificial Feeding of Infants, G. B. Jackson, Indianapolis.

Puerperal Eclampsia, Allen Hamilton, Ft. Wayne.

Heart-block, J. A. McDonald, Indianapolis.

The Physician of Today, N. A. Kremer, Madison.

A Note on Blasto-Mycosis, A. W. Brayton, Indianapolis.

Removal of Necrosed Shaft of Tibia, following Osteo-Myelitis, in a boy; Reconstruction of Tibia by Nature—Allied Cases, Geo. E. Fulton, Bluffton.

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Opsonins—Theoretical Consideration, J. V. Reed, Indianapolis.

Opsonins—Practical Considerations, H. S. Thurston, Indianapolis.

Address of the President, Geo. J. Cook, Indianapolis.

The president's address will be delivered at the opening of the first session, Wednesday morning, instead of in the evening, and will be short. Probably one evening will be devoted to a scientific session and one social function. The intention of the committee is to have a distinctly scientific and practical meeting with time enough for free discussion of each paper.

It will not be necessary to get railroad certificates, that method having been done away with since the adoption of the two cents a mile rate, which, with the low rates on interurbans, makes transportation lower than any of our former rates.

MEETING OF THE EIGHTH DISTRICT MEDICAL SOCIETY.

The largest medical meeting ever held in the Eighth District and one that would do credit to the State Society in some respects, was held in Union City on Thursday April 18. An even hundred doctors were in attendance beside a number of prominent laymen from the Eighth and adjoining district in Ohio.

The policy of the district has been to make the meeting a means and place for the cultivation of a number of qualities that have been permitted to go to seed and be neglected by the average physician. The social, political, professional and financial questions pertaining to the physician himself have been given preference to the usual order of things, in which a few seek to make prominent their personal achievements, forgetting to mention their failures.

The morning session was devoted to four papers: The first "A plea for originality in our medical societies," by Dr. H. D. Fair of Muncie was a most pertinent article condemning the text book dissertations copied from sources that are old to all that hear them, and the "Pleased to meet you" discussions that take place after they are read. Doctors are supposed to know that quinine is good for malaria and that mercury is good for syphilis and the physician who gives his time to listening to a paper should be repaid for the time he gives, in something more than he gets at the average medical meeting.

Like all other things there are two sides to the question of medical papers. The average society is composed of Good men—"salve spreaders" and "sore heads." The "don't cares" seldom attend, the "sore heads" won't write papers when the secretary requests them, or pout and talk about how they are neglected if they should not be asked. Thus it rests upon a few men to keep things going, and how well things go depends entirely upon the secretary of the society.

The second paper was "The Birth of a King," by Dr. J. C. Reeve of Dayton, Ohio. This paper was not only a literary masterpiece but a monumental review of French and English memoirs for the past four hundred years, concerning the development of the science and art of accouchment as practised among the Royalty of Europe. The paper took fifty minutes for its reading but during the whole time there was not a minute when it failed to have the attention and interest of the entire audience. Dr. Reeve is 82 years old, yet his delivery and enthusiasm was not second to any one on the program.

"Concerning the Doctor himself" by Dr. M. A. Austin of Anderson was a paper along the same lines as that by Dr. Fair, taking up the personal side of the physician, and making the question of "Quality" something that could be studied by the doctor with profit. Also implying that our present method of instruction in medicine considers the disease as an abstract condition, when in reality it is not disease that we are most often called upon to treat; it is the patient.

"Medical Ethics," a paper by Dr. J. A. Taylor of Montpelier was read by Dr. Hollis, and contained many things of value, concerning the manner and degree of regard the average physician considers "The Golden Rule," forgetting that "Ethics" is but another name.

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Dr. Jay of Portland was not present and his paper on "Eye Strain" was not presented.

The afternoon session consisted in making the doctors forget the serious side of their profession, Dr. B. H. Perce of Anderson, speaking of "Cheerful Liars," said his connection with the Annanias Club had not been publicly announced before, but he was now "Delighted" to do so since the membership roll was including so many men and women of note.

Dr. Conklin of Dayton, Ohio, spoke of "Dr. Senex and his Metempsychosis," or in other words of simpler comprehension, "The passing of the Country Doctor." Dr. Conklin is a most pleasant speaker and forceful writer and his eulogy included the doctors team, "Calomel" and "Jalap," who worked so well together.

Dr. Clapper of Hartford City became very serious in his attempt to define the limits of Specialism, which he did to his own satisfaction and the pleasure of his listeners.

Dr. Rush, the Beau Brummel of Darke County, Ohio, said it was unnecessary and indeed would be rather egotistic for him to talk upon the subject assigned.

Dr. S. P. Scherer of Indianapolis, Ind., spoke upon "The Human Ostrich," a subject which he has given great thought and much meditation. As a specialist in diseases of the stomach, he has been frequently consulted of late as to means and methods of fortifying that organ so that it can accommodate all the things the "Imitation and Battle Creek Food" manufacturers are placing upon the market.

The Anticipated Finale, the expected Hors de Combat duel between The Hon. Theodore Shockney of Union City and Dr. Albert E. Sterne of Indianapolis, on the subject of "The Physician as an Expert Witness," resulted in an "Alfonso and Gaston" symposium upon "The Good that is in All of us, and Not the Worst that is in the Best of us." A half hour was taken up by these two gentlemen in a most serious consideration of this often maligned subject. Those who were fortunate enough to be at the district meeting would have been well repaid had they heard nothing more than the talks of these two gentlemen.

The sessions were held in the banquet hall of the Federal Club, an institution of which Union City may well be proud.

To Dr. Granville Reynard, Chairman of the Committee of Arrangements and Toast Master, much credit is due for the success of the meeting. The society concluded to business with the re-election of all the old officers and committees for the next year. The next meeting will be held in October at Muncie. Ind., and the spring meeting 1908 at Portland.

M. A. AUSTIN.

INDIANA DENTAL COLLEGE.

The graduation exercises of the Indiana Dental College took place at English Opera House, Friday evening May 10th. There were fifty graduates.

INDIANA MEDICAL COLLEGE.

The thirty-seventh annual commencement of the Indiana Medical College was held at Purdue University May 1, at Eliza Fowler Hall, Lafayette, Ind. President Stone conferred the degree of doctor of medicine upon seventy-one graduates, four of whom were ladies.

The following internes have been appointed by the faculty:

Robert S. Hart, David A. Herron, Harold Karl Mouser, Oscar A. Turner, Roy Darlington Morrow, David William Bopp, John Walter Carmack, Arett C. Arnett, Forest J. Young, Thomas C. Louks, Fred W. Mayer, Joseph Kunkler, and Edward Michael Glaser.

DEATH OF DR. WM. B. FLETCHER.

Wm. B. Fletcher died in Orlando, Florida, April 25, 1907. Several months ago he had an attack of apolexy in this city, but apparently seemed to recover and he had been spending the winter in his southern cottage, which he had named "Kooter Kove Kottage."

Dr. Fletcher would have been 71 years old in August. He was authority upon mental and nervous diseases, and his articles have attracted wide attention which is also true of the results of his original investigations. He was a surgeon during the Civil War, and a prisoner in Libby Prison.

Dr. Fletcher was born Aug. 18, 1837, at Indianapolis, and was the seventh son of

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Calvin Fletcher, Sr., who at that time owned a farm at Virginia avenue and South street.

His first advanced education was obtained at Asbury (now De Pauw) University. He intended to pursue his studies at Harvard, but his intense love of natural history and biology led him to take up work under direction of Dr. Louis Aggassiz, and from 1856 to 1859 he studied at the College of Physicians and Surgeons in New York. In 1866 he went abroad for several years and studied in the hospitals of Paris, Berlin, Glasgow and Dublin. During this period he evinced his artistic taste by collecting many valuable paintings and casts from the hands of the masters.

Upon his return to Indianapolis he was for thirteen years a member of the faculty of the Indiana Medical College; was at the head of the City Dispensary for five years after establishing it, and for fifteen years was connected with St. Vincent's Hospital as visiting surgeon or consulting physician.

Dr. Fletcher was interested in medical society affairs and frequently read papers before the national, state and local society and at one time was president of the latter. He was a member of the state senate, professor of diseases of the mind in the Central College of Physicians and Surgeons and superintendent of the Central Indiana Hospital for the Insane, all of which positions he served with distinction. His contributions to the Monitor were highly appreciated and the writer valued his friendship very much.

The Fletcher sanitorium will continue under the management of Dr. Mary Spink and her sister, Dr. Urbana Spink.

The Dr. Fletcher heirs will retain their interest in the institution which has had a large patronage.

INDIANAPOLIS MEDICAL SOCIETY.

Meeting of March 26, 1907.

In the absence of the president and the vice-president Dr. T. B. Noble was called to the chair.

The programme for the evening was a symposium on lagrippe.

Dr. C. S. Little reviewed the history, etiology and pathology. He referred to the epidemic of 412 B. C. described by Hippocrates and Livy which some believe to have been this disease; others consider the first authenic outbreak to have occurred in 1510. There have been at least twelve distinct epidemics, the last one in 1889-1890. Calenus in 1579 believed the disease to be contagious. The last epidemic settled the question of its contagiousness and its specific nature. The specific organism was isolated in 1892 by R. Pfeiffer. The disease has usually appeared in Asia or eastern Russia and follows the lines of travel and commerce, traveling just as fast as the traffic of the country. The favorite ground of the influenza bacillus is the respiratory mucosa whatever the clinical variety of the case. At first they are free in the clumps of mucus, later the free forms nearly disappear and the leucocytes in the sputum are found to be loaded with the bacilli. The writer believes that Leichtenstern's classification of the varieties of the disease is the best. There are two chief points in the pathology, an almost constant catarrhal inflammation of the respiratory mucosa especially the upper parts and an intense toxemia. Probably because of this toxemia the point of least resistance determines to a great degree the clinical picture; many of the complications and some of the sequellae are due to secondary invaders who find the soil well prepared for them.

Dr. S. E. Earp discussed the treatment. In the first place he emphasized the importance of prophylaxis. Because of the difficulty of always differentiating influenza vera from simulating conditions isolation can not be rigidly carried out but every suspicious case should at least refrain from attending public halls and the secretions from the nose and throat should be carefully destroyed. The public needs more instruction in the nature and propagation of such diseases. Self prophylaxis is also of importance. Broadbent advises the use of quinine in daily doses of two grains as a preventitive and uses large doses in the treatment of the disease itself. While there is no specific treatment he believes that drugs are of great value in the relief of distressing

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symptoms and the prevention of complications. Quinine and the salicylates are perhaps most frequently used for the relief of pain and fever together with some form of opium, cough sedatives, bromide, etc. The spraying of the nasal and throat passages with an antiseptic solution is of importance. Complications are treated exactly as in any other disease. The characteristic weakness is always to be guarded against and treated by the proper stimulants and food. Alcohol should always be used sparingly and only when clearly indicated. In children the frontal sinuses and middle ear are especially prone to inflammation and these conditions must always be watched for. The cervical, parotid and submaxillary glands are all liable to involvment and are then treated as when involved from any other cause. Gastro-intestinal irritation is to be combated by the withdrawal of food and the use of sedatives. Perfect quiet in bed and cool sponging tend to check the rise of fever and to control it when present.

Dr. Dorsey reviewed the symptomalogy and etiology of influenza.

Discussion. Dr. E. F. Kiser believes that a distinction should be made between grippe and influenza. He emphasized the excessive weakness and prostration often persisting after the acute symptoms have subsided. Certain epidemics seem to involve certain tissues by choice: in the present epidemic the gastrointestinal tract has suffered especially. The early stage of typhoid not infrequently simulates influenza. Dr. Earp's remarks in regard to prophylaxis needs emphasis. He has found inhalations of steam of great value in the severe naso-pharyngeal irritation especially if camphor is added to the water. Ergot has given him good results in some cases of intense frontal headache. Exhaustion is to be constantly guarded against. In three recent cases he has seen a persistent myalgia in one case followed by a true torticollis. Another has a headache resisting all treatment. The mortality is extremely variable.

Dr. Guido Bell referred to the peculiarities of the great epidemic of 1889 in which the neurotic types were especially marked. He had three suicides among his own patients. He does not believe that the present prevalent disease is true influenza. In his opinion it is nothing more than the usual catarrhal conditions of spring.

Dr. W. B. Robinson believes that the present epidemic is true influenza. He has had a great variety of complications and sequellae. He has seen one case closely followed by true rheumatism. The epidemic is growing very much milder. Treatment is as variable as the epidemics and the cases. He has had success with ergot and even leeches in the severe headaches. Salicylic acid is most efficacious in the rheumatic cases and is well borne by the stomach. He believes in the almost total withdrawal of food until all nausea and gastric irritation is relieved, then the administration of food as demanded.

Dr. F. B. Wynn. This subject is timely and very well chosen. He saw infectious nature of this disease clearly demonstrated in the epidemic of 1889. He believes the present epidemic is that of true influenza. He has seen a number of typical cases especially with gastro-intestinal disturbance. He wished to call attention to the arousing of latent or slow processes by an attack of grippe. This is especially true of tuberculosis. Cases of chronic valvular heart disease do very badly with influenza and the final break in compensation can in many cases be traced to an attack of this disease. The profound toxemia usually present is probably responsible for the breakdown. In treatment the first essential is thorough cleansing and emptying of the bowel. This disease affords the clearest indications for the coal-tar products if there are no cardiac contra-indications.

Dr. J. A. McDonald believes that the diagnosis is often loosely made. He called attention to the often serious depression that frequently appears during convalesence. Neurasthenia and melancholia are especially common. Every patient past 50 years should be watched with the greatest care during recovery from true influenza. Strychnia in full doses is then of great value and opium by promoting comfort and repose is of value in warding off psychial depression. In cases attending by great losses of

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muscle tone he has had unusual success with the formate of sodium. This disease should be classified with typhoid and syphilis in the breadth of knowledge and great judgment required for its proper treatment.

In conclusion Dr. Little explained the apparent selection by the disease of the weak points in the system on the ground of the profound toxaemia present. Dr. Dorsey insisted that the present epidemic is that of influenza vera. Dr. Earp deplored the tendency on the part of many to under-estimate the seriousness of influenza and to be careless in the treatment. It is always a serious sickness and no case, no matter how light, should be passed over lightly. While there is no specific treatment good judgment in treatment is rewarded.

Society adjourned

R. H. RITTER,
Secretary-treasurer.

Meeting of April 2, 1907.

The society was called to order by the President, Dr. Pfaff. The council reported favorably on the application of Dr. John D. Stewart and Dr. Jane M. Ketcham and the report of the council was adopted. The program consisted entirely of case reports.

Dr. A. W. Brayton presented a man with a wide spread lichen planus. The lesions first appeared about four weeks before this date and developed very rapidly. In about one week the disease had spread over almost the entire body and had even shown some patches in the mouth. The patches at first were typical but now under the use of ointments the surface was softer and not scaly.

Dr. D. W. Layman described at length the technique of paraffine injections for the relief of deformities of the nose. He believes that with the use of softer paraffine and greater care in the manipulation and asepsis there is now no danger and all the old objections have been overcome. It seems to be settled that the paraffine becomes encapsulated and remains permanently in the original position. He exhibited a number of photographs taken before and after this procedure.

Dr. O. C. Pfaff exhibited the prepared sac of an enormous ovarian cystadenoma. When removed the tumor contained ten gallons of fluid and its weight was estimated at 100 pounds. The patient made an uneventful recovery. He also showed a kidney containing a number of stones some of them of considerable size. These stones could be felt before operation but it was thought that they were in the gallbladder.

Dr. David Ross reported the case of a man suffering from an attack of rather mild rheumatism. In some way he fell from the bed and showed some evidence of a fracture of the thigh. No positive diagnosis could be made however until some time later when callous appeared at the site of the injury. Later an X-ray examination was made and revealed an incomplete transverse fracture of the shaft of the femur just below the greater trochanter extending about 2-3 through the diameter of the bone.

Dr. Bernard Erdman spoke briefly of the various methods of staining the spirocheta pallida and its increasing evidence of its intimate relation to syphilis. He showed under the microscope two slides of this organism, one of them stained by the Leviditti method and the other by the Ciemsi method. In the past eight months in his service at the Bobb's Dispensary he has made 278 smears from supposed syphilitic lesions but has only succeeded in finding them in three cases.

Dr. C. S. Little showed several blocks of tissue as well as some sections from a case of pseudo hermaphroditism. The individual living as a girl presented himself for examination and finally submitted to an operation. A rudimentary penis was found containing no urethra. In a small tumor in one groin was found an undescended testicle. In the other groin was found a structure supposed to be, from the gross appearance, an ovary and tube. Sections, however, showed this to be an undeveloped testicle and vas. No spermatozoa were to be found in this testicle.

Dr. T. B. Noble detailed the case of obstruction of the bowel. Following a severe attack of pelvic peritonitis and a slow convalescence this patient had sev-

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eral attacks of partial obstruction all of which, however, were relieved without operation. Finally the occlusion became complete. The speaker did not see the case until several days had elapsed and the patient was then in a desperate condition with persistent vomiting and great depression. Under light ether anesthesia the abdomen was opened as rapidly as possible. A dense band of connective tissue was found constructing the ileum about 6 inches above the ileo-cecal valve. In the manipulation a large tubo-ovarian abscess was ruptured and the puss was poured into the peritoneal cavity. This was wiped out as thoroughly as possible, the gut was opened and about two quarts of fluid drained off. Two ounces of a solution of Epsom salts were injected into the bowel. It was then closed, the peritoneal cavity thoroughly flushed out with hot normal salt solution and the patient put back to bed in the exaggerated Fowler position. Transfusion into the median basilic vein was performed early in the operation. Drainage was left in the abdominal wound. Recovery was complete. The speaker emphasized the value of a little ether, the emptying of the bowel during the operation; drainage in such cases and the Fowler position.

R. H. RITTER,
Secretary-treasurer.

Meeting of April 9, 1907.

The society was called to order by the president, Dr. Pfaff. The minutes of the last meeting were read and approved. The application of Dr. D. W. Fosler, having been posted thirty days was read the second time and referred to the council. The application of Dr. Herman A. Helming was read the first time and ordered posted. The paper was read by Dr. G. D. Kahlo.

(Abstract of this paper was not furnished.—Editor.)

Discussion. Dr. C. W. Combs. While not discrediting the virtue of the water he believed the influence of change of habits, eating and environment, to be of the greatest importance. The exercise indulged in at these places is of great value in stimulating circulation of the abdominal organs. The vertical type of gastroptosis contra-indicates the drinking large quantities of water. People often follow their own ideas in visiting springs and using the water. They not infrequently do themselves harm and the water is blamed for the result. It is a common idea that the more water the patient can drink the greater will be the benefit. He believes that the profession should take up seriously the study of the value of these springs and endeavor to get the best results. An accurate diagnosis should be made in all cases; the spring to be visited selected with care, and the patient advised as to the use of the water, baths, exercise, etc. He cannot understand how real hyperacidity can be benefitted by the same water. Since this water contains about 40% of soduim chlorid in its total solids the action on hyperacidity must be very little. The presence of a small quantity of magnesium carbonate which is about four times as strong as sodium bicarbonate in its alkilinity in cases of hyperacidity he would expect what little acid was already present would soon be neutralized. He believes magnesium sulphate to be the one most important and active agent in the French Lick water and its action here is so marked because of its dilution and perhaps its association with the other salts. This water contains a large amount of calcium sulphate whose effect is unknown. He believes the use of this water to be of the greatest value in the neurotic, functional, gastric irritations, and its good is done chiefly by elimination It may diminish the viscidity of the bile and in this way assist in the expulsion of small stones.

Dr. Wynn was surprised at the length of the list of those benefitted by this water. It is a common idea that the majority of those benefitted are alcoholics. He spoke of the perfection of the culinary department at French Lick as a very important factor in the helpfulness of the place. The place is most helpful to neurasthenics. Many cases of enlarged liver are due to a mild catarrhal inflammation of the bile passages and not necessarily attended by high fever and grave symptoms; these cases are often benefitted by this water. The intemperate use of water is often attended by positive harm. He believes that the springs of Indiana are as valuable as the foreign spas but we

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have not developed the careful, accurate, scientific, medical attention to patients at these places.

Dr. Earp was glad to get a report and statistics first hand from one who is actually at work at one of these springs. The water is of value unquestionably because his patients have done well at the springs yet there must be other influences since the use of the water at a distance is not attended by as good results. He occasionally varies the composition of the bottled water to meet certain conditions.

Dr. Sterne has watched French Lick grow into the present state of size and completeness with much interest. He has personal experience with this place, has tested the value in his own case of hyperchlorydria and is firmly convinced of its efficacy. He has seen cases recover at French Lick which had received no benefit from rest and change of environment before He believes this place to be superior to many of the best known spas of Eupore. More discrimination should be exercised in sending patients to this spring. Not all neurasthenics should be sent here. Some need careful treatment in a sanitorium and building up before they can be benefitted at such a place. Those cases that have a gastrointestinal basis are probably most helped.

Dr. Kahlo is a pioneer in the purely medical part of the institution and is to be congratulated for the progress he has already made. It is hard to know the full result of this water since the physician sees really a very small proportion of the total number of visitors. Many, from repeated visits, learn about what they need and take care of themselves. Every effort has been made to make the institution and surroundings as sanitary and helpful as possible. While formerly the provisions for the care of the really sick people was very unsatisfactory, now this was no longer true. He has seen very good results from the use of the water in furunculosis. While he admits the value of change in habits and environment he is still convinced that the water contains great intrinsic value.

Dr. A. B. Graham. There is some confusion in the use of the term hyperchlorhydria—it is not synonomous with hyperacidity. Excessive acidity may be due either to an excess of hydrochloric acid or of the acids of fermentation with a decrease in the hydrochloric acid. The results of treatment may be apparently contradictory but are not if the real condition is known. As a matter of fact, the most important condition of the stomach is its motor power and not its chemical state. Alkalis may do good in hyperacidity perhaps by stimulating the motor activity—likewise water in gastroptosis. Hot water is advisable only in real gastritis—in constipation the cold water is better because of its stimulating power on peristalsis. Since neurasthenia is so often associated with gastroptosis, he believes it would be more accurate and helpful to call the condition by the latter term rather than by the former. This would partially explain why so many cases are benefitted at the springs.

Dr. Kahlo, in closing, referred to the hopeful state of the patients' minds when they came to the springs and the value of such a state of mind. He has confined his list of alcoholics to those whose symptoms were due entirely to alcohol. While neurasthenia is usually benefitted the springs are no place for these cases requiring complete quiet and careful personal attention. The cases of cholongitis were those cases showing a catarrhal jaundice and other evidences of obstructed biliary outflow. The bottled waters lack the carbon dioxid which is a stimulater to peristalsis. He has never seen a case of malaria developing at the springs.

R. H. RITTER,
Secretary-treasurer.

AN EXPRESSION FROM PARKE, DAVIS & CO.

Ten and a half years ago Theodore D. Buhl cast in his lot with this house. Throughout that period he has given us the benefit of his large experience, his sound judgment, his great power in the commercial world, his granite credit reared on an unwavering honesty. As president of the house he was the perfect type of integrity and fidelity to all the stockholders. His high sense of duty as a trustee pledged to administer the property and guard the interests of others, was ever uppermost in his thoughts. The peculiar responsibilities and hazards of

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our work—our obligations as purveyors to the medical profession and to suffering humanity, were to him always a solemn appeal. The ultimate triumph of character in business was with him a conviction as deep and strong as instinct. The remote future and the distant prize concerned him more than the present gain.

The strength which he gave this house and all the many enterprises in which he shared, signally exhibits what the world should realize especially at this hour—that rich men of unflinching honesty and sound judgment are of inestimable value to their communities. They are the employers of labor, the authors of new industries, the creators of new values, the pioneers who open up vast avenues of opportunity for their followers. As they succeed or fail, the comfort, the very bread of thousands is assured or endangered. We hear much these days of unscrupulous, predaceous wealth, but what of the type of Theodore Buhl—what of the men who consider the trust of their fellowmen the best of their possessions, who have a horror of stock-jobbing methods, who never seek an unfair advantage, who never lend their names to a dubious enterprise?

As a director Mr. Buhl was the soul of courtesy, kindness and deference. As an employer he was considerate, thoughtful, mindful of the comfort, interests and claims of his employes. To their grievanes he gave always a patient and attentive ear. He encouraged the manly expression of honest opinion, and when it differed from his own his effort was to convince and persuade, not to invoke his authority or impose his will.

On behalf of the stockholders, employes and executives of Parke, Davis & Company we record this testimony to the lasting service rendered us by our lamented president. To the members of the bereaved family we offer our warm and heartfelt sympathy. May strength be theirs to bear their sorrow. May they find much comfort in the memory of a life rich in well-doing and in good repute.

BOOK AND JOURNAL REVIEWS.

"Practical Fever Nursing" will soon be issued from the presses of the W. B. Saunders Co. of Philadelphia. Dr. Register is well known as the editor of the Charlotte Medical Journal, and as Professor of the Practice of Medicine in the North Carolina Medical College at Charlotte, N. C. Dr. Register is a widely traveled, well read and a polished, dignified gentleman. He has always enjoyed a large and lucrative practice in his home city as well as in nearby towns and in adjoining states. From his varied and ripe experience in the profession the Doctor is in a position to write authoratively on the subject of "Fever Nursing."

—Gaillard's Southern Medicine.

The International Medical Annual: A year Book of Treatment and Practitioner's Index. 1907 twenty-fifth year, New York: E. B. Treat & Company, 241-243, West 23d street.

Twenty-five years is a long time for a publication to continue and at the same time sustain its reputation.

The staff and publishers of the Annual have furnished the reader with material which plainly shows the advances made in all departments of Medicine and Surgery.

Each edition so instructs and interests the reviewer that he is inclined to be of the opinion, that the last volume issued is better than its predecessors.

To say that it is the practitioners guide, would limit the idea of its usefulness, for all those who are interested in the department of Medicine and Surgery find in this book just what they want.

The arrangement of the work is so perfect, that we recognize it as a superb: reference work. It is so epitomized that the busy doctor wastes no time in acquainting himself with the information which it contains. It is a commendable digest of the advanced thought of the past year. S. E. E.

Neurotic Disorders of Childhood, including a study of Auto and Intestinal Intoxications, Chronic Anemia, Fever, Ec-

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lampsia, Epilepsy, Migraine, Chorea, Hysteria, Asthma, etc., by B. K. Rachford, M. D., Professor of Diseases of Children Medical College of Ohio, University of Cincinnati Pediatrist to the Cincinnati, Good Samaritan and Jewish Hospitals. Member of American Pediatric Society, Association of American Physicians, etc. New York, E. B. Treat & Company, 241-243 West 23d street, 1905.

In this volume, The Neuroses of Childhood, are treated in a manner that can be easily understood and it furnishes information which every practitioner should possess.

Many of the disorders of the nervous system in children require close study in order that a diagnosis shall be accurate and furthermore complications are infrequently not recognized and here we find the remedy.

The practitioner, who desires to know more of this subject, because he recognizes its necessity, will find the facts clearly set forth in this volume.

Part I. Contains a revision of a series of papers upon physiological factors of the neuroses of childhood and additional chapters on gastro-intestinal toxemia, auto-intoxications and chronic systemic facterial toxemias.

Part II. Treats of the individual neuroses. The author presents the subject with a view of enabling the practitioner to better comprehend these diseases and to more successfully apply treatment.

S. E. E.

International Clinics, A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles, by Leading Members of the Medical Profession Throughout the World, Edited by W. T. Longcope, M. D., Philadelphia, U. S. A. Volume 1. Seventeenth Series, 1907, Philadelphia and London, J. B. Lippincott Company, 1907. Price $2.00.

One of the prominent features of every volume of the International Clinics is not only the practical nature of its contents, but the fact that the material is up to date in every respect.

This volume is not by any means an exception to the rule and in it we find something of interest in almost every department of medicine.

Exhaustion and Toxemia, as underlying factors in the production of Neurasthenia Hysteria and Delirium, by Diller, presents some interesting thoughts, but no less than the articles by Tuffier, which treats of the opening of pleural cavity without pneumothorax.

The subject matter concerning the heart, by Walsh and Norris, is worthy of careful reading.

The articles contributed by Gallant in Obstetrics, Schrveinitz in Ophthalmology, and Hudson-Makuen in Laryngology are very worthy.

The infectious diseases consume considerable space in the department of Progress of Medicine, yet their completeness indicates that nothing which has been said could have been omitted.

The closing chapters are devoted to Surgery and embraces topics that are of especial interest to every reader.

These and several others are well illustrated. Many of these are colored plates. This volume is of inestimable value.

S. E. E.

NO WONDER.

Recently a Washingtonian in conversation with "Ollie" James, the gigantic and genial congressman from Kentucky, made certain inquiries with reference to a mutual friend whom he had not seen for a number of years—a Colonel P., of the state mentioned.

"And how does my old friend, the colonel, spend his declining years–" asked the Washingtonian.

"Beautifully, sir, beautifully,' answered James. "He has a fine farm, sir. And a string of trotters, sir. And a barrel of whiskey sixteen years old, and a wife of the same age, sir."—May Lippincotts.

WHAT THE AILMENT WAS.

When Senator Hoar learned that a friend who they thought had appendicitis was in reality suffering from acute indigestion, he smiled genially. "Really," said he, "that's good news. I rejoice for my friend that the trouble lies in the table of contents rather than in the appendix."—May Lippincott's.

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NURSES DIRECTORY

TO THE physicians of the State we recommend the following nurses as being thoroughly competent and worthy any nursing you may desire done. Call them direct by phone or telegraph or procure any of these nurses by communicating with the Monitor, care of Dr. D. L. Kahn, 323 North Delaware street, Phone New 5900.

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Crude Mechanical Processes

are powerless to aid the digestion of fats. According to Dr. N. S. Davis, Jr., emulsions "made by mechanical processes or by simple suspension of the oil in fluids thickened with gum arabic, sugar, and other viscid substances, do not aid digestion. An emulsion made with pancreatic extract may do so."—*Cohen's Sys. of Physiologic Therapeutics.*

That's why Hydroleine—the pancreatized emulsion of cod-liver oil—is so greatly superior to the ordinary mechanically-formed emulsions. Hydroleine is always digestible. Write for sample and literature. Sold by all druggists.

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115–117 FULTON STREET, - NEW YORK.

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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 323 N. Delaware St., Indianapolis, Ind.

TONSILLITIS.

Inflammation in any form attacking the tonsillar region gives rise to symptoms of most distressing character and at the same time provides a most favorable soil for the entry into the system of other infections. It is well to remember that at first this disease is only a local disturbance affecting the capillary system and glandular structure and if promptly and efficiently treated will remain local. The constitutional symptoms such as fever, headache, etc., only delevop when there is considerable infection taken up.

In the treatment the first indication is to increase local capillary circulation. A local remedy must fill two requirements, i. e., a detergent antiseptic and a degree of permanency in effect. Many of the remedies which have been advocated for the varied forms of tonsillitis are antiseptic but they are not sufficiently exosmotic in their action to increase the circulation or else their effect is too transient. Glyco-Thymoline frequently applied in a 50% strength with a hand atomizer produces a rapid depletion of the congested area through its well defined exosmotic property, re-establishing normal passage of fluids through the tissue, promptly relieving the dry condition of mebrane and giving an immediate and lasting anodyne effect. As a gargle a 25% solution hot may be effectively used providing the process does not cause undue pain. The external application of cloths dipped in hot water and glycothymoline in 25% solution greatly increases the venous circulation.

ALETRIS CORDIAL RIO represents one of our most reliable indigenous agents for uterine ailments. Reports of its efficacy in numerous cases of amenorrhea, dysmenorrhea and menorrhagia affirm its value in the treatment of these cases.

AN EFFICIENT FORMULA FOR USE IN RHINITIS.

By Dailey Appleberry, M. D., St. Louis, Missouri.

During the changeable spring weather it is no unusual matter for the physician to be called upon by his patients to treat their nasal troubles, among which the most common is, beyond all doubt, that catarrhal inflammation of the schneiderian membrane which is currently called rhinitis. It is that form which is not only annoying but very often painful. Among the symptoms which may manifest themselves are pruritus as well as an accompanying anosmia, both of which are exceedingly unpleasant to those so affected. There are many practitioners who begin treating such cases by at once cauterizing the mucosa with stick nitrate of silver, with chromic acid, with the acid nitrate of mercury or even with the galvano cautery.

These are methods which are but seldom indicated and should but rarely be employed, as the result of their use culminate in scars and a disagreeable condition of the nasal cavity with the constant formation of crusts.

Not long since I had occasion to see and examine some patients affected with such catarrhal rhinitis and the appearance presented was that of an angry-looking mucous membrane whose secretion was pronounced and inclined to become purulent. In all of these the patients were ordered to take appropriate tonic remedies and for local application the following was ordered to be applied three or four times daily:

B. Hydrar. bichlor.....gr. ¼

Katharmon .....ʒ vi

M.-Sig. Use four times daily in nose.

This acted like a charm and in a comaratively short time my patients reported themselves well. It would not be a bad idea to combine white liquid hydrastis

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with the above; but, above all, see that there is a liberal amount of katharmon, for that is the ingredient that does the work. Those colleagues who will employ the above formula will find it among the valuable ones they possess.

TYPHOID FEVER.

Typhoid fever has ceased to be a bugbear to the modern physician. Since the sulphocarbolates have been introduced perforation is practically unknown and the victim of typhoid in these days often leaves his bed in ten days. Podohyllin and leptandrin together with blue mass and soda in small divided doses followed by saline secures an empty prima via. Saline should always follow the above medication. The sulphocarbolates are then pushed five to ten grain doses until the stools are odorless. Aconitine, strychnine and digitalin control the temperature easily and nuclein supports vitality and enables the system to dispose of the bacilli in their weakened form. There is often a malarial element present and quinine arsenate or the triple arsenates with nuclein (Abbott) proves very effective.

A recent and very plausible theory ascribes rheumatism: "To toxines formed in the alimentary canal as the result of disordered digestive functions, producing disturbances in metabolism and alteration has its vital resistance lowered and is therefore subject to microbic invasion."

Tongaline from the character of its composition has an antitoxic effect on these microbes and by its stimulating action on the liver, the bowels, the kidneys and the pores, it eliminates promptly and thoroughly the poisonous germs which are the cause of rheumatism, neuralgia, grippe, gout, nervous headache, sciatica, lumbago, tonsilitis and heavy colds.

AN ANNUAL VISITOR.

We have just passed through our annual epidemic of la grippe, which as usual, claimed its victims among all classes and conditions, mainly, however, among the classes where the resisting power was below par, or among sufferers from some chronic ailment. While the sequelae and complications of this disease may assume almost any phase of acute inflammatory character, its primary effect is upon the nervous system. Therefore, we have no hesitancy in saying, no matter what the local inflammation may require as a medicine, by all means give antikamnia tablets as a nerve sedative and to relieve the muscular pains always present. We have seen a violent cough of bronchitis treated upon the general plan, with the cough as distressing at the end of twenty-four hours as at the beginning, promptly yield to six antikamnia tablets during an interval of six hours. La grippe usually requires a double treatment, one directed to the influenza, and the other devoted to the complications present, be they of the respiratory organs or digestive tract. In all cases antikamnia tablets will be found to perform a prominent and successful part and purpose.—Medical Reprints.

GLYCO-HEROIN (SMITH).

The clinical reports of many practitioners in widely separated parts of the world attest that this combination of remedies will quiet cough, remove dyspnea, relieve pain, aid and regulate expectoration, control night sweats, and cause the worn-out pulmonary invalid to add to his weight and build up his general health.

The clinical evidence as shown by these carefully-kept records has thus demonstrated that this preparation possesses qualities of unusual merit, that it contains elements within it calculated to reach the morbid state in which the symptoms originate and to correct the predisposition to further trouble.

I have used gylco-heroin (Smith) in the treatment of all disorders of the breathing apparatus, including coughs, phthisis, laryngitis, asthma, bronchitis, pneumonia, and whooping cough. The following history of cases will give some idea of its wide range of usefulness.

In addition to my personal experience, I have reports from Dr. L. T. Holland, late coroner of Los Angeles County, and from Dr. Jos. Jauch, of this city, formerly of the Univ. of Wurzburg, Germany.

Dr. Holland says he prescribes glycoheroin (Smith) in preference to every other preparation of a similar nature,

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particularly for the relief of cough in its various forms. He speaks of its innocuous but powerful analgesic and antispasmodic properties. He closes a brief account of the good results he has obtained by stating that it has more than fulfilled his expectations.

Dr. Jauch states that he has at last found a valuable mixture that combines the two important elements of palatability and effectiveness. He has found it agrees perfectly with the most sensitive stomach. He continues: "I have found it the most efficient agent I have yet used in subduing the hyperesthesia of the respiratory mucous membrane. I have used it successfully in the treatment of most affections of the air passages, particularly for the relief of cough, obstinate cases of bronchitis, in severe laryngeal cough, and in many distressing cases of tubercular cough of an aggravated character which has resisted all other medication."

The striking and surprisingly good results so uniformly obtained in the administration of this remedy can be fully verified by any unprejudiced trial in which it is tested. Such a trial may be made without hesitation, for notwithstandng its therapeutic advantages it possesses the virtue of absolute harmlessness. When physicians of the professional standing of Francis W. Campbell, M.A., M.D., D.C.L., L.R.C.P., London, Dean and Professor of Medicine, Univ. of Bishop's College, Montreal; and Dr. J. Leffingwell Hatch, late Professor of Laryngology in the New York Clinical School of Medicine, Pathologist to the Philadelphia Hospital and formerly Sanitary Inspector in the Marine Hospital Service, give this preparation their unqualified endorsement, their opinions founded on the actual treatment of a large number of cases, it is apparent that these positive, unlimited, and clear results must gain for this remedy a still fuller recognition, and lead ultimately to its universal acknowledgment as the best remedy of its class for the purposes indicated in these reports and in clinical reports of prominent medical men in England and her colonies, in addition to the favorable testimony of many American physicians from Canada to Mexico and from Maine to California.

Dr. Ludwig Weil, Stuttgart, has made extensive clinico-therapeutic studies of artetriosclerosis (Medicin. Correspondenz-Blatt d. Wuerttemb. aerzti. Landesvereln, Sep. 15, 1906). He concludes that the calcium-free diet as also the administration of acids, in order to decalcify the vessels, is useless and injurious. His experimentation shows that in arteriosclerosis the blood and the tissues are impoverished of salts, as has been asserted by Trunecek. This is all the more striking because the blood is otherwise entirely normal. The nitrogen retention is not increased, so that the excretory power of the organism seems unimpaired and the solid contents of the blood and with it probably the viscosity are quite high, while specific gravity appears normal.

The arteriosclerotic excretes too much chlorine and there is often a considerable diminution in lime and magnesium, some diminution in the phosphates, and a small increase in ammonia and acidity. The blood contains little chlorides, the urine a great deal.

The best treatment consists in the administration of a mixture of salts corresponding as nearly as possible to the salt of the blood. From this mixture the body abstracts what it can use. Such a mixture he considers antisclerosin, with which his results were indubitably good. Iodides, diruetin, etc., are of course not rendered superfluous by its use. A sudden overwhelming of the body with the salts is only rarely of benefit; there often follows catharsis and general indisposition. He therefore prefers the gradual insinuation of the medicament. His procedure is to give an antisclerosin tablet twice daily for three days, then thrice daily for a further three days, and then in corresponding intervals increases the daily quantity to four, five and six tablets.

Dr. O. Burwinkel, Nauheim and San Remo, writes in the Deutsche Aerzte-Zeitung, Aug. 15, 1905, on the pathogenesis and therapy of arteriosclerosis. He refers to Trunecek's serum, which consists of the inogranic blood salts and

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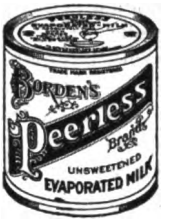

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which Tessier, Levy and Goldschmidt used with success. As the subcutaneous injection is exceedingly painful, he uses the antisclerosis tablets made by Natterer. He believes that in some cases he has seen benefit from it, especially with regard to the severity of the anginous difficulties.

THE PHYSICIAN.

Through hours of toil unbroken
By intervals of rest,
The physician daily labors,
To give his skill, the best.

And some may thank him gratefully,
And some forget, indeed,
And a few will know him only
When in the hour of need.

Yet, love for his own effort
The recompense will bring,
And crown him with its laurels,
More worthy than a king.

AMY D. CURRIN, M. D.
Medical Sentinel.

BEFORE A NOR'EASTER.

The red, red sun is draped as with a sash
Of golden mist; the glistening beach is white
With rippling waves, that turn to opal light
And pink and gray and crimson as they flash;
In quick cascades the outer breakers dash
Translucent-green, from out the reach-Might
We call the sea; dim, distant, swift in flight,
Come thunderous billows—hear their boom and crash!

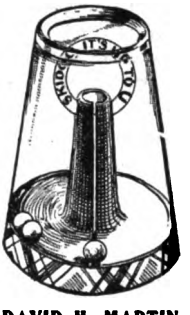
Immortal beauty, ever young and new,
O loved of God, thou freshener of the earth,
Who loves thee once, he must return to thee;
Dark then as death, and green and tender blue
As rainbowed hope; in anger or in mirth,
Thou takest and thou givest life, O sea!

—Maurice Francis Egan in May Lippincott's.

'Tis an old maxim in the schools that
Flattery the food of fools,
Yet now and then you men of wit will
condescend to take a bit.—Swift.

Bad habits gather by unseen degrees
As brooks make rivers, rivers run to seas.—Dryden.

PUZZLE FOR THE CONVALESCENT



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ORIGINAL COMMUNICATIONS.

THE CONTROL OF SEX.

By W. J. Moenkhaus, Ph. D., Bloomington, Ind.
Junior Professor of Physiology, Indiana University School of Medicine.

Whether it will be a boy or a girl is a question that either has or sooner or later will become a matter of much concern to most of us. Whether the sex of an animal or plant can be controlled has at all times been a subject for speculation, and in the last half century one for extensive investigation. The lack of definite facts has encouraged an almost endless amount of speculation. Drelingcourt brought together 262 groundless theories of sex, as he called them. Blumenbach, in relating this fact, aptly remarked that nothing was more certain than that Drelingcourt's own theory constituted the 263rd. The decidedly renewed interest in this question during the last few years is leading to a re-examination of the older theories and experiments and is adding a large body of new facts which promise to essentially clarify the whole problem. It may be of interest to the readers of the Monitor to have a brief review of the more important views that have been held and a brief statement of the present tendencies in our ideas on this subject.

The first attempts at a really scientific investigation of the question are of a statistical character. Birth statistics gathered for the whole of Europe, aggregating several millions, show the sex ratio in the human species to be 106 males to every 100 females. This same ratio approximately holds for any of the countries of Europe. The disproportion in the sexes is very much greater in the still-born and the abortive births. Among the former the ratio is about 130 males to 100 females, and in the latter, 160 males to 100 females. An even greater disproportion in favor of one sex or the other is found among some of the lower animals. No plausible explanation for these facts is forthcoming.

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These birth statistics of the human species have been variously arranged with a view to giving them an interpretation. Perhaps the most widely known attempts were those of Hofacker and of Sadler who endeavored to show that the relative age of the parents influenced the sex ratio of the offspring. Thus, arranging their data on the basis of whether the father was older than, of the same age or younger than the mother, they found the ratios of males to each 100 females to be 121, 94 and 86 respectively. This so-called Hofacker-Sadler law, however, has not received confirmation. Thus, Berner, using 267,946 births, finds the proportion to be 104, 106 and 107 respectively, showing, if anything, a directly opposite effect.

Schultze (1903) endeavored to test this experimentally with mice. He finds no evidence that the relative age of the parents influences the sex of the offspring.

In a similar manner Dusing (1884) attempted to show by this statistical method that in man the proportion of males born is greater among the poorer classes than among the higher. The assumption here is that the parental organism, being better nourished, in the latter class affords more abundant food both to the sex cell before impregnation and to the developing embryo during incubation within the mother. Thus, in France, the sex ratio among the lower classes is 115 males to 100 females, while among the upper classes the ratio is 104 to 100. Similarly in Sweden, the nobility show a sex ratio of 98 males to 100 females, while the clergy show a ratio of 109 to 100. On the other hand, Punnett (1903) found that, in London, there are more females born among the poorer classes and more males among the higher—a directly opposite result. Punnett draws the conclusion that sex in the human is independent of parental nutrition.

This idea that the quantity or the quality of the food can affect the germ cells before, or the developing embryo after impregnation has given rise to a large amount of experimental work along this line. This has for the most part been performed on the lower organisms.

The first experiments to excite interest were those of Landois (1867) and Mrs. Treat (1873) on butterflies. The latter took two lots of caterpillars. The one lot she fed abundantly before the last moult and got 68 females and only 4 males. The other lot was correspondingly starved and produced 34 males with only 1 female. This certainly points to the conclusion that good nutrition favors the production of females. Riley repeated and extended these experiments and did not obtain similar results, especially when he took into account the mortality among the starved lots. Furthermore, it seems now to have been shown that the sex of the caterpillar is already determined at the time it emerges from the egg so that it would scarcely be possible to change the individual over from one sex to the other.

Cuenot (1899), selecting a class of animals in which the germ cells are not thus early differentiated, namely, the flies, made some thorough tests as to the influence of food. One of the flies used was the common blow fly. In a lot well fed he obtained 51 per cent females and in a poorly fed lot the per cent was about the same, 50. Cuenot concludes as a result of all his experiments that food does not affect the sex but that this is already determined in the egg.

Thinking that possibly food conditions might act more remotely on the germ cells, Kellogg (1904) varied the food conditions of the parents and the grandparents in the silk-moths. He found no definite indication of the influence of food on the sex.

The much-quoted experiments of Born (1881) and Young (1883) in which they show that in frogs the proportion of the sexes could be determined by the quantity and quality of the food seem as a result of Pfluger's and Cuenot's experiments to have been made with insufficient care, so that their results must be discarded.

Schultze (1903) experimented with white mice, varying the quantity and quality of the food of the parents. In a poorly fed lot, the individuals of which reached only one-third to one-half the normal size, he obtained 42 males and 48 females. In a well fed lot the ratio was about the

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same—36 males and 40 females. A lot fed on food relatively poor in albumen gave 18 males and 22 females, while a lot fed on food richer in albumen produced 29 males and 26 females.

Belonging to this category are the experiments of Schenk, which gained such notoriety a few years ago. These are too well known to warrant repetition here.

The condition of the germ cells as determined by the staleness, the vigor of the parents, inbreeding, etc., have all been brought forward as factors in the control of the sex.

In regard to the first-named it has been maintained that if the egg is impregnated immediately after its exit from the ovary, i. e., while it is fresh, it will tend to produce a female, but if some time elapses before it meets the sperm it is more likely to produce a male. Similarly in regard to the sperm. In the human species the staleness of the sperm could be controlled by controlling the length of time elapsing between coitus and the period of ovulation. I have encountered very strong advocates of this theory among physicians. There is, however, no evidence to substantiate the theory. Experiments on cattle, rabbits and hens defiantly gainsay it.

The tendency of recent work has definitely been for the most part to emphasize the view that the sex is predetermined in the egg or sperm and that the sex of the embryo is definitely decided at the time of or previous to fertilization. In the human the sex of the so-called identical twins is usually brought forward in support of this view. These are supposed to differ definitely from a second class, the fraternal twins, in their much greater resemblance to each other. The sex of identical twins is always the same, i. e., they are both male or both female. This fact is satisfactorily explained by the assumption that the two individuals are derived from the same egg. This egg having been fertilized by a single sperm divides and in the two-cell stage the cells become separated and each grows into a complete embryo. That this is possible has been abundantly shown experimentally in other animals. If the sex is predetermined in the egg or sperm any individuals developing from this egg must have the same sex. In the case of fraternal twins that are supposed to be derived from two separate eggs each fertilized by a sperm the characters, including their sex, may be as different as is usual among members of the same family.

A condition analagous to identical twins is found in some other animals, thus, in the armadillo the individuals of any given litter are all of the same sex. The explanation here possible is the same, namely, that all came from a single egg. A striking example of this same sort is found among certain parasitic insects. The calcid fly lays a single impregnated egg in the egg of a moth. This egg, instead of developing into a single individual, buds off a great many cells each of which grows into an adult. The flies belonging to any given brood since they came from a single egg are all of the same sex, pointing strongly to the fact that sex is determined at or before fertilization.

The important discoveries of McClung and Wilson and others in the structure of the egg and the sperm have done more than anything else to emphasize the view that sex is determined at the time of fertilization. These studies are, perhaps, too technical to warrant their discussion in detail at this place. A general statement of the facts can be made. They find in the sex cells of certain animals a definite structure that they have called the sex chromosome, which seems to be definitely associated with the production of sex. We thus have for the first time found a definite structure which, it seems, we can say contains the material which either determines the sex or is in some way associated with its production. In the clearest cases they find that the spermatozoa are of two kinds, one containing the sex chromosome and the other not. These two kinds of spermatozoa are equal in number. When a given egg is impregnated by a sperm having the extra chromosome it has been definitely shown that the resulting individual becomes a

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female. If the egg is fertilized by the other kind of sperm it develops into a male. The chance of being fertilized by one or the other kind being equal, we can account for the approximate equality in the sexes usually found in animals. It should be said that the matter is not quite so simple as here stated, but the difficulties encountered will perhaps not be insuperable. These discoveries are inciting the greatest activity in the problem of sex and we may with no little assurance look for a distinct advance in our knowledge of the nature and control of sex during the coming decade.

SOME INTERESTING CLINICAL OBSERVATIONS OF PRIMARY ANEMIAS IN YOUNG GIRLS.

By Wm. T. S. Dodds, M. D., Indianapolis.
Professor of Clinical Pathology, Purdue School of Medicine; Professor of Bacteriology, The Indiana Dental College, etc.

For clinical study, it is convenient to divide anemias into two classes, primary and secondary anemia. Primary anemias are further classified as pernicious anemia, leukemia, and chlorosis.

The chlorotic form is the one which I wish to discuss, showing the relation of faulty elimination to irritation in other organs and particularly the kidneys. In any anemia, of considerable extent, we find always associated, more or less, a general disturbance of all the vital functions of the body. This is particularly true of the digestive functions, and here is the basis for much trouble.

The ordinary cases of anemia, or chlorosis, which we find prevailing in young girls of thirteen to sixteen, demonstrates the prevailing digestive disturbances and their consequent influences upon nutrition, metabolism, and excretory functions. As a rule, in this form of anemia, we find that the disturbance affects the particular corpuscle more than a general hemolysis, which is characteristic of the pernicious anemias and the leukemias.

The red cell count in chlorosis does not necessarily fall below normal, but we have a great reduction in the color index which usually corresponds in direct proportion to the reduction of the percentage of hemoglobin. In the progressive pernicious anemias particularly, also in the leukemias, we find a relative high color index with a low percentage of hemoglobin, which is due to the degree of hemolysis present in these diseases. In primary anemia of the chlorotic variety, we do not have great destruction or any considerable diminution of the red cells, but a diminution of the functions of each individual corpuscle. This diminution of the hemoglobin causes a subsequent reduction in the functions of the body which produces altered physiological activity and the subsequent weakness, and malnutrition.

Tnis altered functional activity of the body is more particularly pronounced in the digestive tract than anywhere else. We find individuals complaining of little or no appetite, a whimsical desire for peculiar and non-nutritious foods, such foods as the pickles, salads and candies, etc. The anorexia is particularly noticeable with regard to highly nutritious and substantial food, and is of such a marked degree that ordinary diet is usually excluded. This precarious appetite, sooner or later, reduces our patient to a state of acute or subacute indigestion, with bowel fermentation and a resulting absorption of toxines which produce the subsequent irritations which I wish to discuss in this paper.

The toxines that are absorbed from the intestinal tract have long been known to produce decided irritation in the kidneys, which irritation may progress to a sufficient magnitude to produce symptoms and findings similar to those of nephritis. If this irritation is permitted to re-

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main unattended for any considerable length of time the patient presents symptoms which border on hysteria, neurasthenia, and in some instances, epilepsy. This nervous phenomena is, in all probability, due to the toxines absorbed from the intestinal tract and the resulting influences from a retarded secretion on the part of the kidney.

Examinations of urine of such cases show the following, in the majority of instances:

GROSS APPEARANCE.

The gross appearance of the urine is interesting. We find an increased amount of urine, which is uniformly clear, of low specific gravity, and contains a lessened amount of urea than is normal. The urine resembles, grossly, that found in a chronic interstitial nephritis.

CHEMICAL ANALYSIS OF URINE.

The chemical analysis of urine gives us practically no idea of the existing condition present other than a slight trace of nucleoalbumin, or mucin. The percentage of urea is very materially reduced.

MICROSCOPICAL EXAMINATION.

The microscopical examination of urine is of great value in determining the extent of irritation present in the kidney. The cases under observation and upon which this paper is based presented uniform microscopical findings. First. In each case presented, hyaline casts were found constantly in the urine, together with more or less cylindroids, epithelial cells, whose origin is probably from the kidney, with great numbers of red corpuscles evenly disseminated throughout the specimen. Occasionally, we could precipitate evidences of free hemoglobin in the urine. This microscopical picture persisted until we were able to clear up the physical conditions of our patients.

PROGNOSIS.

The prognosis of these cases is usually very favorable, and the length of the illness depends entirely upon the co-operation of the patient, and the persistence in treatment.

TREATMENT.

The treatment of these cases depends, to a certain extent, upon the length of time the individual has been suffering. There are, however, certain regular and well fixed rules which act as a guide in the therapeutic treatment of these cases.

The important condition which must first be considered, is the gastro-intestinal functions. Attention must be directed to the correction of indigestion, fermentation, etc., by strict regulation of the diet and complete elimination of irritating products in the bowels. If great fermentation exists in the bowel, milk and eggs are contra-indicated until this condition has been corrected. If milk and eggs are contra-indicated until this mentating processes these, then, form the most acceptable and most nutritious food. Some saline laxative forms the best therapeutic measure for bowel elimination and hepatic stimulation. The anemia present can be materially relieved by the administration of iron in some form which can be most readily absorbed by the individual case. Experience in these cases has taught that the most acceptable form of iron to administer where results are expected is the common Blaud's mass, or carbonate of iron.

We must be particular in administering tablets of this preparation, that they are fresh, soluble and pure. The manner in which I use this drug is in combination with the extract of nux vomica administered in chocolate coated tablets, which are prepared by most pharmaceutical houses in the standard size.

The ordinary solutions of the so-called organic iron compound found upon the market, do not compare with the results obtained with the above mixture. I have taken the opportunity to compare in analagous cases the relative activity of these preparations, and find the greatest success with the simple carbonate of iron and extract of nux vomica. The administration of iron will quickly whip up the percentage of hemoglobin in these cases to normal, and with this result, our symp-

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toms of indigestion, fermentation, and nephritis disappear.

REPORT OF CASES.

I wish to report four cases which will give a general idea of the conditions held out in this paper.

Case No. 1. Miss L., age fourteen, presented herself in my clinic at the Bobb's Dispensary of the Indiana Medical College, the School of Medicine of Purdue University, early in November, 1906, with the following symptoms: Patient had been sick for six months with indigestion, headache, irregular heart action, sleeplessness, frequent urination and great weakness.

PHYSICAL EXAMINATION.

Physical examination showed slight general puffiness of the skin, flabby flesh, rapid heart, and a subnormal temperature. The heart sounds were indistinct, and a soft systolic hemic murmur heard over the base of the heart was present. The patient weighed sixty-eight pounds.

CLINICAL EXAMINATION.

Examination of the blood revealed a red cell count of 4,225,000; hemoglobin per cent of 53; slight polychromatophelia and poikilocytosis were present. No megaloblasts or microblasts were found.

URINE.

The urine shows a specific gravity of 1005, neutral reaction, slight trace of albumin, and urea percentage of one-tenth of one per cent.

Microscopical examination shows hyaline casts and cylindroids in considerable numbers, columna epithelial cells, and great numbers of red blood cells.

This patient was placed upon a nutritious diet, regular habits, Blaud's and nux, with the result of a complete cessation of all symptoms by the middle of January, '07.

Case No. 2. Miss M., age fifteen, presented herself at my office early in 1907, with a trend of symptoms similar to those described in the above case, but with this addition, viz.: Once every month, in the interval between each menstruation, she would have several days of mental depression, languor and fatigue, which resembled cases of hysteria. The clinical findings, in this case, were identical to those of the case described above. Treatment the same, with similar results.

Case No. 3. Miss J., age eleven, presented herself at my office, in January, '07, with the following symptoms: The general physical condition was practically identical with the cases cited above, but with this exception, viz.: that every ten days or two weeks the patient would become extremely nervous, hysterical, and finally would develop what seemed to be epileptic seizures, without mutilation of the tongue or frothing of the mouth. Clinical findings in this case were almost identical with that described in the first; same treatment instituted, and at the present time recovery apparent.

Case No. 4. Miss Z., age thirteen, presented herself at my office, with her mother, in June, 1906, with the following history:

Early in February, while in school, she was attacked with fainting spells, which sometimes progressed to unconsciousness. These occurred about once in two weeks during the remainder of that school year. Other complaints were those simply of weakness, exhaustion, and loss of appetite. No history of acute infectious diseases for several years preceding. Patient had not had typhoid, diphtheria, or scarlet fever. Physical examination revealed an individual of waxy appearance, slight general puffiness of the skin, rapid weak heart, and some considerable edema about the ankle.

The examination of the blood showed 3,500,000 red cells, a hemoglobin per cent of forty-five, slight poikilocytosis, and decided polychromatophelia. The urine revealed a picture similar to those described above, with an abundance of finely granular casts.

This patient made an uninterrupted recovery by following out the prescriptions and treatment in the preceding cases.

CONCLUSION.

In conclusion I wish to call attention to several facts which are frequently observed in this class of cases, as well as

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those in the common ordinary cases of parenchymatous and interstitial nephritis:

1st. All cases of nephritis are associated with a more or less severe degree of anemia.

2d. That most cases of chlorosis in young girls is attended by considerable degree of kidney change.

3d. The majority of these cases are found in girls who are confined indoors or being pushed beyond their endurance in school or factory.

4th. That the amount of blood which is lost daily from the kidney probably accounts for the extreme anemia which is seen.

5th. That the best medicine is nutritious food, out of door life, and Blaud's mass.

CURRENT CULLINGS FROM A STUDENT'S NOTE-BOOK.

By L. E. Cox, M. D.
State College of Physicians and Surgeons, Indianapolis.

In the treatment of inoperable cases of carcinoma Dr. Lindenmuth holds that we are justified in treating our patients heroically with the X-Ray if only to mitigate the pain, and in those cases where it is only a question of prolonging the patient's life a few days or weeks, the doctor suggests that a physician should not wait for dermatitis and unless we give heroic treatment daily our patient will not get the full physiological effect of the X-Ray. In those cases of carcinoma amenable treatment by the X-Ray behold that it is best to have the surgeon remove a portion of it owing to the rate of toxemia that would probably be produced by the X-Ray. Nevertheless in all operable cases, have the surgeon to remove the growth first. The doctor holds that in all operable cases the patient should have at least ten treatments daily before removal; or every other day for ten or fifteen minutes, because the X-Ray closes the lymphatics and prevents metastasis and the post-operative treatment, should be begun ten days after operation for thirty minutes at a sitting and that recurrent conditions of carcinoma usually yield very beautifully and the X-Rays have no effect on dead organic matter. In the treatment of syphilis, not infrequently the sore throat is due to the treatment and not to the disease. If so, discontinue the treatment and use the following as the mouth wash:

Rx.

Potassii chloras	grs xxx
Tincturae myrrh	dr. 1
Elixir calisaya	q.s. ad. oz. iv

M. sig. Use as gargle.

To relieve itching in smallpox Dr. Earp recommends the following:

Rx.

Mentholis	dr. ½
Unguen. zinci oxidi. benz	oz. 2

M. Sig. Apply locally.

Inasmuch as patients not infrequently object to taking castor oil as is ordinarily dispensed, the doctor suggests that to disguise the unpleasant taste, it can be administered with glycerine and sherry wine, putting the glycerine in the bottom of the glass, on top of glycerine the castor oil, covering the castor oil with some sherry wine. In so prescribing you get a combined purgative action from the glycerine and castor oil and a tonic from the sherry wine.

In the treatment of bacillary dysentery he advises against the use of salines, inasmuch as it further depletes the patient and adds to the exhaustion. In the prescribing of logwood as an intestinal astringent, in dysentery, he cautions against the mistaking the red colored stools produced by the logwood for blood; and that before using opium, always clear the bowel. That in the tropics, ipecac is given more frequently, as it seems to calm the affected parts, check the excessive secretion of mucus and increase the biliary flow from the liver.

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The following was advised as a mode of administering ipecac:

Rx.

Ipecacunahae	dr. 1
Aqua	oz. iv

M. et. steep 12 hrs. and decant off.

Sig. Wineglassfull each four hours.

In sub-involution of the uterus, Dr. Swartz recommends: Multiple punctures made in the cervix, followed by irrigating with the normal salt solution, temperature 105 F., followed by glycerine tampoons, to continue the depletion, keeping the bowels open daily with syringe.

Acquired hydronephrosis, Dr. Sexton says, is due to:

A. Obstruction of ureter from within.
   1. Stone blocking canal.
   2. Surgeon's ligature.

The doctor holds that mucous and fibrous tumors never block the canal suddenly.

B. Obstruction of the ureter from without.
   1. Ureter suppressed in cicatrical tissue.
   2. Ureter suppressed between enlarged lymphatic glands.
   3. Extreme retroflection of ureter causing kinking or bending and thereby obstructing the canal and daming back the flow of urine.
   4. Flections of ureter from displaced kidney.

Point of obstruction, e. g., ureter and urethra. He advises against the dismissing a case of renal calculi for two or three years, as not infrequently stricture is caused by the scratching and rubbing of the stones passing through the ureter. The doctor holds that this and tubucular ulcer are the only causes of acquired stricture and that cases of stricture resulting from tubucular ulcer always die before the ulcer heals. That not infrequently the fibroma growing in the bladder wall will obstruct the urethral openings, daming back the urine and thereby causing a hydronephrosis. The ureter may be compressed between the two branches of the renal artery when there is a bifurcation and obstructing the flow of urine intermittently. A hydronenephrotic kidney, the doctor says, under pressure never excretes urine but sodium chloride solution of low specific gravity.

In the treatment of acute catarrhal otitis media, Dr. Barnhill advises against the use of blisters, but using leaches and in sizing the drum membrane. Inasmuch as the drum membrane is not essential to hearing, but only adds to the acuteness of it, and in sizing the drum membrane you accomplish:

1. Relieve the tension by affording drainage.
2. Depletion by unloading the engorged blood vessels.
3. Relieving the pain.
4. Ease the patient.

The doctor holds this to be a disease of a cavity and is therefore a question of drainage, and that the mere fact that there is pus in the mastoid antrum is no fact there is mastoid disease.

In the prophylaxis of sciatica Dr. Sowder holds that the avoidance of exposure from the inclement weather, keeping the feet dry and body warm, is of prime importance. To keep the body warm and the feet dry the doctor recommends the wearing of heavy flannel next the skin in the winter and lighter flannel next the skin in the summer and overshoes in damp weather to keep the feet dry. Regular hours for retiring and arising, at least eight hours of sleep should be had by one troubled with sciatica. The patient should live a plain, simple and quiet life, one as if they were an old man, avoiding the stress and strain of moderate club life, and guarding against the indulgence of alcoholic beverages. Drink plenty of water, keep the bowels open, by giving 2 drachms of effervescent sodium phosphate in half glass of water thirty minutes before breakfast.

QUITE A LUXURY.

Lady: "How much do you charge for dachshunds?"

Dog Fancier: "Five hundred dollars a yard, mum."

Lady: "Dear me! How expensive! And of course I must have four feet."

—April Lippincott's.

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A NOTE ON POST-OPERATIVE SKULL FRACTURES AND TUBERCULAR STUMPS.

By J. H. Ford, M. D., Indianapolis.

Professor of Surgery, State College of Physicians and Surgeons, in Affiliation with Indiana University.

In the post-operative treatment of skull fractures, where trephining has been done, the patient should enjoy absolute rest in bed without noise or much light in the room, on account of the responsive irritation of the optic and auditory nerves. Saline purges should be given daily for from seven to ten days. The wound should not be disturbed unless signs of infection with rise of temperature and slow and irritable pulse, or signs of compression take place. If the wound is thoroughly aseptic, bleeding points are picked up, and hemostasis is complete, there is no occasion for drainage, for the drain is a source of danger under any circumstance, for the reason that while it furnishes an egress for wound discharge, it also forms a pathway for the entrance of pathogenic cocci into the wound cavity. For this reason, never establish drainage where it can possibly be avoided, especially in closing the scalp. By carefully watching the patient and noting any sign of trouble, it will be necessary to remove the dressing and, open any point that shows softening or fluctuation, and establish drainage. Not infrequently there is a serious effusion which will accumulate a sufficient quantity of fluid to make considerable pressure from the fifth to the seventh day. When this is in evidence, from the disturbed pulse, clouded mental faculties, and loss of motion in one of the extremities, the wound should be opened, inspected, and the fluid drained off aseptically. I prefer to take the chance of this accumulation and subsequent opening and drainage of the wound, than to establish drainage from the beginning. By the seventh day, the patient may enjoy full diet and may assume an erect position in bed so as to accustom his heart to the increased pressure. At the end of ten days or before, the patient should be allowed to sit up and cautiously move about the room. Get your patients out of bed as soon as possible, for an ambulatory patient improves much more rapidly than one in bed.

In the after treatment of tubercular stumps, complicated by sepsis, free drainage is of prime importance and should be established with copious irrigations of normal salt solution, followed by bichloride 1-5000. The irrigating fluid to be used in an irrigator and pipe should be raised sufficiently high to give the proper amount of force, large quantities of the irrigating fluid to be passed through and over the stump. Should there be a very free and profuse discharge, irrigate morning and evening, but should the discharge be moderate, once daily will suffice. This method of treatment should reduce the discharge within two or three days to a mere serous oozing exudate. At this time firm pressure should be made on the stump midway between the drainage outlet to promote adhesion of the cavity walls. Ordinary stumps of this character with profuse discharge will clean up and become practically healed in ten to fifteen days. The object of the normal salt solution is to dissolve all albuminous exudates and float them out of the stump cavity. Should you fail to get the exudates thoroughly dissolved, when you introduce your bichloride solution the exudates will be coagulated and form tough, adhesive masses in the stump and later furnish a fine nesting place for the tubercle bacilli. The quantity of the irrigating fluid to be used is from two quarts to two gallons of normal salt solution, if necessary to thoroughly cleanse the pus cavity. The proof of the cleansing will be the return of the normal salt solution from the pus cavity clear from discoloration and flocculi.

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CONCERNING THE DOCTOR HIMSELF—HIS MEDICAL BOOKS AND JOURNALS.

By Maynard A. Austin, M. D., Anderson, Indiana.
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What a fine library has Doctor So and So. What a lot of junk fills up his bookcases, would more often express the truth.

Probably more money is wasted in medical literature than in any other form of printed matter. Probably a less per cent of what is printed is read by those for whom it is intended, than any form of communication. Why this is and why it should be are two things that can be explained most easily in the old saying: "Familiarity breeds contempt."

Every doctor's desk is the recipient of medical literature of various kinds. In nearly every mail medical journals, good, bad and indifferent, are sent to him as samples, as complimentary numbers or for the judicious exploition of some new drug or chemical compound.

No human mind could comprehend the contents of the literature that is thus spread out for the doctor's daily attention. On the other hand, it would be unwise and a waste of time for any doctor to digest the contents of even specialized articles, for much that he would have to go over would be reviews of uncertain and undated text-book material. What the student and the busy man desires in an article which he takes the time to read, is something new, something short and to the point, or comprehensive and limited to facts.

Many authors write articles for the busy practitioner that are of value only to the student and the inexperienced. Others write of theoretical possibilities that are of no interest to any one outside those in closest touch with research laboratories. Others take pleasure in enumerating case histories of patients who survive their treatments, forgetting to mention the failures, which teach us most.

Medical literature, like legal decisions, is becoming so expensive that it is beginning to appear that we have obtained possession and knowledge of most everything but the use of common sense.

In nearly every office are to be found bound volumes of old medical journals which have never been opened since they were received from the binder. Were their owner to take them up he would have to acknowledge that a memorandum book would contain all that he might have found valuable in them. Of course to any one with the means, the time and the inclination for wanderings in ancient history such volumes are useful and that some one should preserve them is a matter of necessity. This, however, is the function of our public libraries, but an unprofitable waste of time, space and money for the average doctor.

On the other hand, in other doctors' offices we are accustomed to see piled up in the back room volume after volume of many medical journals, useless and waiting for the arrival of the inevitable ragman. What things of value they contain are buried in the heap of printed matter, and might require days and weeks to hunt it out, even with the knowledge of volume and date that is to be found in an index rerum.

How, then, are we to dispose of our journals so that we may make available those things which we find of value in our journal grazings, and keep from being overloaded with the mass of information that is thrust upon us? *The first requisite is a prodigious waste basket.* The second is a knowledge of what we want. The third is an ability to use the scissors. The fourth is a set of boxes, envelopes or letter files.

Every physician interests himself in some line of work. Internal medicine, surgery, gynecology, genito-urinary, etc. The classification of no two men's literature would be alike. For the general practitioner, a dozen boxes would be more than sufficient into which the knowledge

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given in a hundred volumes of journals could be contained. His classification might be, first, continued fevers; second, the exanthemata; third, nervous diseases; fourth, stomach and bowel diseases; fifth, other abdominal conditions; sixth, diseases of women; seventh, diseases of bones, joints, and muscles; eighth, puerperal conditions; ninth, genito-urinary and rectal diseases; tenth, special conditions of the throat, nose or skin; eleventh, tuberculosis; twelfth, therapeutics other than medicinal. Each of these subjects can be subdivided into many parts according to a man's inclination and the demands of his work. The surgeon will have a box for each of the organs which he explores. The specialist would have a box for each of the diseases which he is called upon to treat. Sectional book case manufacturers now make filing cases to fit the regular book sections, so that these devices allow of no deviation or irregularity in even the particular man's library.

Now a dozen articles may come out in as many different journals on one particular subject. If one of the articles is comprehensive of all that is written in the other eleven, what is the use of saving the other eleven? We receive our journals and they are neatly piled on the corner of our desk or bookcase each morning. We glance at the advertisements, finger the leaves, see something good, and lay it aside for future reference, when we may need it. But when we do need it, where or when did we see it, and how or where are we to find it?

We have our waste basket, our boxes, our scissors, a paper of pins, and we are ready to locate "What we want, where we want, when we want it."

Firstly, the front and back advertisements are torn from all magazines worthy of keeping or reviewing, as soon as they are received. This saves about two-thirds of the space they usually occupy on our shelves, as we commonly lay them back. Next, at our leisure, we look through the journal and tear out any article that presumes to offer anything new, unusual or more practical than what we already possess. It is surprising how little we will tear out. These clippings, accumulating daily in a general box, can be sorted at our leisure, according to our several desires. After our accumulation of clippings has covered several years, every time we look into a box to obtain special information on any subject, we will find dead material which we can throw away, for very frequently a new and exhaustive article by one man, will have everything of importance that is contained in the other articles we possess on that subject.

Medical journals are indispensable. They are the necessary means for the rapid dissemination of a knowledge of the important discoveries in our work. They furnish an outlet for our exuberent energies and a summary of the results of many men's work along single lines, permits us to form opinions as to the justifiability of methods and the usefulness of the means we use in our combats with disease.

On an average, medical knowledge is printed in medical journals from two to five years in advance of its appearance in medical text-books, hence the average working library composed of text-books alone is from two to five years behind times. This offers the medical publishers the opportunity which they have been overdoing, in putting on the market medical text-books that have only one or two new features to commend them to the book buyer. These new features are issued and are prominently shown in the prospectuses and according to the versatility of the agent, the doctor pays a good round sum for the knowledge which is buried among his medical journals, but which he is unable to find.

Publishers are vieing with one another in the elaboration of their books with pictures taken from life, which next to our clinical courses, give us the greatest assistance. On the other hand, every agent who comes to our offices brings with him a lot of multi-volumned systems and seeks to make us buy something which we regret when it is placed on our shelves. Many physicians are profiting by their past experience and are refusing to accept any book or place an order for any one unless it is sent on approval.

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Just why the doctor should have to buy his text-books "sight unseen" has been mentioned many times. One factor undoubtedly is that the average doctor would buy few or no books without the persuasive influence of the loquacious book agent.

The working library of an up-to-date and active man requires the expenditure of from five to ten dollars a month. Twenty-five dollars a year ought to provide a half dozen good medical journals, always including the journal published in his immediate neighborhood and supplying home news and information concerning those whom he may call in consultation. The additions to one's library one should make, not with a desire to show quantity but quality. One book purchased every three months whose contents are thoroughly digested gives one a post-graduate course. Special monographs can be purchased, exhaustively considering the many phases of nearly every disease and a perusal of one of them opens our eyes to the magnitude of our responsibility.

Kelly, on Appendicitis; Treves, on Intestinal Obstruction; Webster, on Ectopic Pregnancy; Kelynack, on Renal Growths; Graham, on Hydatid Disease; Keen, on Surgical Complications of Typhoid Fever, and Moynihan, on Gall Stones, are prominent examples.

Last but not least are mentioned two classes of medical books that are of universal sale. One, typified by a series of articles prepared by our master minds, covering special subjects that ought to be of interest to every one. Like all of the so-called systems, though, these volumes contain much that are not of general interest and rarely contain more than one or two articles that are read by the purchaser. The internalist does not care for the diagnosis and treatment of hemorrhoids. The surgeon does not care for the prophylactic and curative treatment of influenza. The gynecologist will not read fifty pages devoted to milk bacteria and cholera infantum; while the ophthalmologist is required to overlook three hundred pages devoted to the above in order to get ten pages treating of "paralysis of the ocular muscles."

To obviate the above, our medical journals have established elaborate digests of all current medical literature, but more valuable than any are the series of medical year books in which separate volumes are devoted to a complete review of all that has been published the previous year in particular lines of work. Surgery is treated in one volume; obstetrics and gynecology are important enough to be considered in separate books. The internalist has so great a field that two volumes are devoted to his work, and any of these volumes can be purchased separately. In all ten volumes are sufficiently comprehensive as to give a man an entire review of all the theory and practice that the previous year added to the knowledge of our science and our art.

"By their works ye shall know them," and the student must take advantage of all that can profit him. How to do this with the least labor is learned only by experience.

359 Union Building.

A SAILOR'S ADVICE.

As Admiral Bunce was coming out of the Boston Navy Yard one day he encountered a sailor very much the worse from liquor.

The admiral, being in citizen's dress, was not recognized by the sailor, who endeavored to embrace him affectionately.

"Sir," said the indignant officer, "do you know that I am an admiral–"

The sailor pulled himself together, made a drunken salute, and said: "So you are an admiral, are you? Well, you've got a blame' good job, and my advice to you is to keep sober and hang onto it."—April Lippincott's.

IN KENTUCKY.

"Uncle Dick, how many toddies does the colonel drink every day–"

"Well, yo' see, boss, I eats de sugar de kunnel leaves in de glass, an' long erbout de middle of de evening' I gets fuddled an' loses count."

—April Lippincott's.

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FIBROID DEGENERATION.*

Hugo O. Pantzer, M. D., Indianapolis, Ind.
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Degenerative changes in fibroids, more frequent after menopause, give special pathologic significance to these tumors. Three cases seen within the last two months exemplify this danger.

Case I. Mrs. H. aet. 50, multipara, has lost her monthly flow two years ago without symptoms to indicate disease. An attack of gonorrhea three years ago, was treated locally for a short time, without presence of tumor being detected. Patient in robust general health, did well until six weeks ago she developed much bearing down pain, and some later a sero-sanguinous discharge; bladder irritability, sacral and femoral pains, and more recently chills and fever. She was supposed to have pelveoperitonitis, connected etiologically with the previous attack of gonorrhea. My vaginal examination disclosed the vagina filled with a hard tumor hanging from the cervix, the rima of which was felt with difficulty way up in the vault. A sero-sanguinous, foul vaginal discharge was present. Continuous with this body there was felt a large mass with protuberance extending upward and to right, nearly reaching to the umbilicus. This abdominal end was soft and tender to pressure. The vaginal mucosa and the vulva were oedematous, the outlet rather patulous.

Diagnosis: Uterine submucous fibroma undergoing expulsion and gangrenous changes. Sepsis. Operation was delayed on extrinsic reasons. Patient was taken to St. Vincent's Hospital. Treatment was rest in bed, knee chest posture, purgation, sodium salicylate and strychnia; peroxide locally. Operation per vaginum. Tumor was seized with forceps and removed with scissors. Much of it was rotten and easily removed. It was found adherent to left side low down, and to fundus on the right side. Its entire removal left a uterus of size larger than the normal. Iodoform wick dipped in icthyol was introduced up to the fundus. Fever subsided immediately. Pulse regained itself slowly, but fully within the next two weeks. At one time there was pain in the left calf, which seemed to indicate a phlebitis. No swelling, no fever, no chill, no return of pain. Vaginal discharge practically ceased about 10th day. Patient was discharged on the 14th day. The case has special interest in presenting a tumor having so-called lateral implantation. This lateral implantation is regarded as occurring after the original circulating connection through the pedicle is shut off, i. e., an effort on the part of nature to maintain the life of the growth. (Schanta.) It is a parallel to the subperitoneal growth that loses its attachment to the uterus by twisting of the pedicle and then becomes nourished through adhesions to adjacent organs. I have operated conservatively on nine or ten such cases. Each time I feared phlebitis, or other serious complications. All cases but one got well without complications or sequela. Their subsequent course was favorable. The off case developed phlebitis.

Case II. Mrs. C. aet. 56, multipara; mild attack of apoplexy two years ago. Last menstruation eight years ago, no special trouble. Hemorrhagic vaginal flow, no odor during last three months; latterly increased quantity. Large tumor and small multinodular eminences, all above internal os. Tender over some parts.

Diagnosis: Multiple uterine fibroids. Degenerative changes. Operation at St. Vincent's. Supravaginal hysterectomy. When uterine canal was being cut into, there came from upper end a debris suggestive of epithelioma. Full removal of

*Read case night Indianapolis Medical Society, May 7, 1907.

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cervix was now done. The excised tumor was opened and multiple subserous and one large submucous, and several intramural fibroids were found. Also epitheliomatous excrescences seated upon corporeal endometrium, more on surface opposite to large fibroid. Uneventful recovery.

The possibility of embolus from cancer or fibroid can not be excluded. This association of cancer with fibroid as yet goes unexplained. Olshausen found it nine times in 207 cases, seven times the cancer seated in the body of the uterus, only twice the cervix. The syncope, if owing to embolus, as is not yet certain, reminds us of a danger often associated with these cases.

Case III. Mrs. R. aet. 59. Unipara: History of prolonged flow at menstrual periods. Pregnant but the one time. Menopause at 51. Exceedingly well and vigorous until last year. Since has had intermittent heaviness and tenderness through pelvis. Despondency. Has lost in weight some thirty pounds. Examination revealed multiple hard tumors of uterus. Tumefaction and extension into right side of pelvis. Irregular temperature of one to two degrees. Accelerated pulse. Tenderness.

Diagnosis: Multiple uterine fibroids. Degenerative changes, possibly malignancy. Operation at Deaconess Hospital. Specimen (herewith shown) reveals necrosis of large intramural fibroid. Many small fibroids. Uneventful recovery. This case gave the clinical evidence of fibroids in the metrorrhagia and sterility. During the late stage the uterine disquietude and temperature indicated the existence of incipient fibroid necrosis.

MELBA ON BREATHING.

It Is Even More Essential Than a Beautiful Voice for Perfect Singing.

(From "The Gift of Song" by Nellie Melba in the June Century.)

I cannot too forcibly insist that the mere possession of a lovely voice is only the basis of vocal art. Nature occasionally startles one by the prodigality of her gifts, but no student has any right to expect to sing by inspiration, any more than an athlete may expect to win a race because he is naturally fleet of foot.

Methods of breathing, "attack" and the use of the registers, must all be perfectly understood by the successful singer, who should likewise be complete master of all details relating to the structure and use of those parts above the voice box, and be convinced of the necessity of a perfectly controlled chest expansion in the production of tone.

For perfect singing, correct breathing, strange as it may sound, is even more essential than a beautiful voice. No matter how exquisite the vocal organ may be, its beauty cannot be adequately demonstrated without proper breath control. Here is one of the old Italian secrets which many singers of today wholly lack, because they are unwilling to give the necessary time for the full development of breathing power and control. Phrasing, tone, resonance, expression, all depend upon respiration; and in my opinion musical students, even when too young to be allowed the free use of the voice, should be thoroughly taught the principles of breathing.

DAWN.

(Allen Munier in the June Century.)

Heart of my heart, in the purpling dusk of the morning,
Long ere were heard
Far forest flutings, ere ever the wildest, unawakened
Wood-wings were bestirred,
I at east windows watched wistful for warning of light,
Haggard and worn through stern striving with grief all the night.

Somewhere in bountiful meadows is bursting the clover;
Swallows fly over;
Swift is the scurry of timid small feet through the grasses—
Grasses that cover
All that soothed dark, that lit dawn with Hope's dreamings come true,
All that made springtime and summer significant—you!

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EDITORIAL.

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A monthly journal owned, controlled and published wholly by physicians, devoted to advancing the best interests of the profession.

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FALSE IDEAS ABOUT DENTITION.

The people should be taught that dentition in children does not cause death nor is it the primary cause of sickness. Teething is a physiological process and should pursue a course just as evenly as any other in the human body. But the laity not knowing this fact, at least but few of them, neglect their children when sick simply because teething is assigned as the cause. When a child is sick during dentition it should be treated for the cause, which is not dentition. Diarrhea, pneumonia and meningitis or any one of several other diseases may be present when a child is teething and they may also coexist with any other natural process. Teething may be associated with any kind of sickness and during the summer months if a child has cholera infantum or any other disturbance of the alimentary tract, if a tooth appears how fortunate it is for the "neighbor woman" to have her theory of "I told you so" confirmed in her estimation. I have known physicians to use the same argument to protect themselves when the progress of a case was unsatisfactory or when a faulty diagnosis had been made or when a diagnosis had not been made. When there is some disease of the bowels probably due to some irritant or an infection, in the teething infant, the patient should be treated as carefully as if it was several years older. Neglect covered by the cloak of the teething excuse has been in many cases the precurser of death. Guthrie in an article published in the Practitioner and reproduced by Pediatrics for April discussed some of the points suggested by persons who regard dentition as the source of many evils. He says the following explanations have been offered of coincident disorders:

(1) The reflex theory.

(2) The pyrexial theory.

(3) Idiosyncrasy and general nervous instability.

The reflex theory is fascinating in its simplicity and plausibility. The trigeminal nerve which supplies the jaws and teeth, has extremely wide anotomical connections, as everyone is aware. It would be tedious to enumerate them. One need only allude to its communication with the fascial, gloss-pharyngeal, and vagal nerves; with the sympathetic supplying the iris, at the gasserian ganglion, with the nerve to the membrana tympani through the otic ganglion.

Moreover, the nerve is not far from its origin in the medulla, where its nucleus is in close proximity to other important nuclei, and also to the base of the brain. Such being the case, it seems plausible to attribute all complaints of parts, however remote, to reflected irritation of the fifth nerve.

There may be a certain amount of truth in this, but it is not the whole truth. No

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doubt irritation of the dental branches of the fifth may produce otalgia, but it can not produce suppurative otitis media. In rare cases, it may give rise to convulsions, but it can not cause meningitis.

Spasmodic asthma, were the theory true, should be excessively common in teething infants, but it is of the utmost rarity. Pneumonia can not be brought about by reflex irritation of the vagus. Whilst laryngismus and tetany, as beforementioned, are practically confined to rickety children in whom dentition is delayed. And these are complaints which might well be produced by reflex irritation.

One may admit at once that pain in any part may be transferred elsewhere, yet disease is not set up in the remote part to which the pain may be referred. Pain, in early hip disease, is commonly referred to the knee, in renal colic, it may be felt in the testicle, yet neither knee nor testicle is actually diseased. John Hunter's usual astuteness forsook him, when he attributed relapsing urethritis exactly resembling gonorrhea, to the effects of teething.

The reflex theory will not wholly account for all the complaints which exist with painful dentition.

The pyrexial theory, again, is not entirely satisfactory. It is held that dentition produces high temperature, the pyrexia predisposes the patient to chill, and that chill results in catarrh and inflammation of pulmonary or alimentary systems. Here again the explanation is not quite acceptable. Why should dentition be associated with pyrexia? It certainly is not so unless painful, and why is it painful unless the gums are unhealthy and tender? Modern experiments seem to show that chill is not the potent cause of catarrhs and inflammation, which it was formerly held to be. They are due to microbic invasions, and not to exposure to cold alone.

Lastly, we have the theory that children at the dentition period are in a condition of exceptional susceptibility to various complaints, because not only their teeth, but the glands of the alimentary tract, and their nervous system are undergoing physiological development.

Such physiological processes, without doubt, are proceeding, but it seems unjustifiable to blame nervous, or intestinal instability, when other, and more obvious causes of illness may be found. I doubt if any previously healthy child suffers by reason of the "instability" of its nervous system, or the development of its physiological functions. If there is any special susceptibility at this age, it is to the ill effects of sour milk and improper food, which susceptibility need not be regarded as an idiosyncrasy. This I believe to be the crux of the whole matter.

In my personal experience I can hardly recall a case of painful dentition which has not been accompanied and usually preceded by gastro-intestinal disturbance.

It is in connection with constipation or griping colic, diarrhea, with offensive, green, curd-containing stools, that we find dry, tender, swollen gums, which, in my opinion, render the eruption of teeth painful. Over and over again, mothers have complained that, whereas a child has previously cut several teeth without discomfort, on this particular occasion a tooth is being cut with diarrhea, and all the familiar symptoms of fever, fretfulness, insomnia, screaming, perhaps convulsions, and obvious pain in swollen, inflamed gums. In practically all such cases, improper diet or tainted milk is the cause, and the symptoms speedily subside under castor-oil and careful dieting.

One is compelled to regard the oral condition as part of the intestinal, rather than to consider the abdominal symptoms as due to reflex irritation from the gums.

In favor of such a view may be mentioned the well-known fact, that, in adults, a raging toothache may often be relieved by a brisk purge. Sir Lauder Brunton explains this by supposing that "The state of the nervous system is so altered by the purge that pain is no longer produced by the irritation."

Yet I venture to think that a more reasonable explanation is that the cause, which irritates the intestines, irritates a tender tooth—and that this cause is removed by the purge.

It must be a common experience that acute indigestion gives rise to tenderness of gums, toothache, and neuralgia. The

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mouth is part of the alimentary tract, and the teeth and gums are part of the mouth, and therefore share in the general disturbance caused by indigestible and irritant matter in the intestines.

I believe, therefore, that the ordinary phenomena of painful dentition are dependent on alimentary disturbance, and that dentition is painful because the gums become unhealthy.

Assuming this to be true, it affords an explanation of many of the more serious complaints, which occur together with painful dentition.

If the oral mucous membrane is unhealthy, it must follow that it is unable to cope with the invasion of microbes. As previously mentioned, salivation seems suppressed during painful dentition, and healthy saliva has, no doubt, antiseptic properties. Hence we can see why infants, whose teething is painful, fall a ready prey to catarrhal inflammation of the ears or lungs, to pneumonia, and meningitis. A sore mouth readily becomes septic. With regard to ordinary infantile convulsions, attributed to teething, I am convinced that gastric, or intestinal disturbance, is far more frequently the cause than dental irritation.

In the American Journal of Dental Science it is said that "Many lives of children are probably sacrificed yearly, because of the popular and professional prejudice against lancing." Such statements are pious opinions which lack confirmation.

Personally, I have grave doubts that painful dentition has ever been the direct cause of death, or that life has ever been saved by lancing the gums. Even the oft-quoted cases of fatal so-called "teething convulsions" are, in my experience, attributable to gastro-intestinal disorder. It is difficult to believe that "threatened meningitis," whether tuberculous or otherwise, has ever been averted by use of the lancet, or that the crisis in pneumonia can be hastened, or diarrhea cured, by such procedure. At the same time, there can be no doubt that local pain may be relieved by blood-letting.

Simple scarification of the gum is all that is needed. Such barbarous usage as the removal, between elleptical incisions, of a portion of gum over a tooth, supposed to be offending, is not to be commended. As well as being cruel, it is illogical; for if the condition of the gum were merely that of tension over a tooth, a simple incision should gape at once, and so relieve the symptoms.

Gum-lancing should not be practiced in the absence of local indications for its use, and merely in blind hope of relieving "constitutional symptoms and distress not otherwise accounted for" (Op. cit., p. 327). If unaccounted for, further investigation is required, not stabs in the dark. At the present time, it is hardly likely that the purple hemorrhagic swellings of the gums, met in infantile scurvy, should be mistaken for signs of disordered dentition, requiring local venesection. Yet there is ground for suspicion that, in former days, many a case of scurvy was so maltreated and ended fatally.

ETIOLOGY OF NEURASTHENIA.

Cleghorn with good reason said that the causes of neurasthenia are varied and many. Starr gives heredity as the main etiological factor and nine others as predisposing causes. Beard gives two, Abrams nine, and taking these for a text, Cleghorn reports 6,000 cases in the Medical Record of April 27, 1907. Our attention at this time is particularly called to the subject on account of a discussion at the last session of the Indiana State Medical Association, when bismuth skiagraphs were shown to illustrate a paper describing diseases of the stomach. Dr. Graham incidentally referred to some conditions of this organ as a cause of neurasthenia, then Dr. Wynn and others called attention to many other alleged causes. The report of Cleghorn indicates that disturbances of the gastrointestinal tract are a very important causative factor and in the summation noted hereafter as a result of the study of 6,000 cases we consider it to be of some importance. In the report Cleghorn says symptoms will be given in the order they are named by Church and Peterson, no other list apparently suiting all conditions so well. First, then, let us consider motor disorders. Tremors were noted in 1,087 cases and muscular twitchings in 166; weakness

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was complained of by 742 patients. The reflexes were recorded as exaggerated in 340 and decreased in 54 cases.

Among the sensory disturbances, headache was the principal symptom. It occurred in 1,935 instances. Paresthesias were present in 434, dizziness in 560, and backache in 518. The vague sensations of indefinite character, which could not be classified, were rather constant, being found in 705 persons. Disorders of sight and hearing were not common.

The alimentary tract gave rise to the symptoms most frequently met with, as follows: Poor appetite in 898 cases, constipation in 1,499, and diarrhea in 90, gastric flatulence in 387, pain in the region of the stomach in 297.

The circulatory system showed cardiac palpitation in 479 patients, and vasomotor disturbance in 429.

Among mental symptoms emotional irritability was the most frequent, occurring in 550 cases. Then followed worry in 444, various fears in 351, and poor memory in 338. Insomnia, next to headache, was the most constant symptom found, being complained of by 1,684, almost equally divided between males (879) and females (805). Depression was noted 599 times.

Collins and Phillips had in their series as causative factors (1) overwork in 27 cases, (2) masturbation in 26, (3) worry in 18, (4) childbirth in 12, (5) sorrow in 11, (6) fright in 10, (7) trauma in 8, (8) disease in 7, (9) alcohol in 4.

The various symptoms, in order of frequency as we found them, compared with the lists given by Savill and by Collins and Phillips.

Were it possible to make a careful study of each case among these 6,000, no doubt some would be found whose symptoms were caused by a pathological condition which was undiscovered. Some of the records of these cases were somewhat lacking in completeness, but they seem sufficiently definite to warrant certain conclusions of value about the disease.

To summarize the facts most clearly brought out:

1. Neurasthenia is much more frequent in men than in women.

2. It occurs between the ages of 20 and 40 in two-thirds of the cases, few comparatively starting after 40,

3. The indoor occupations furnish a large majority of all cases.

4. Among causative factors, the disturbances of the gastrointestinal tract and the intoxications stand out as principals, and

5. The most constantly present symptoms seem to be headache, insomnia, and constipation.

Is this last mentioned condition really a cause or a result of the disease? I wish very much that more information on this point might be brought to light.

DEATH OF AUGUSTUS C. BERNAYS.

The death of Dr. Bernays, of St. Louis, May 22, 1907, at the age of fifty-two removed from the ranks of the medical profession a remarkable surgeon. He was truly ambitious, which characteristic was recognized even before his graduation from the University of Heidelberg in 1876. His original investigations in anatomy first brought him into prominence. His contributions concerning the anatomy of the heart attracted considerable attention, and it seems a strange coincident that his death should be caused by aneurysm of this organ, which seemed to verify the common quotation that "a man is as old as his arteries." As a surgeon Dr. Bernays possessed an enviable reputation in this and other countries. It is said by those who knew him best that in his association with men he was free, frank, open-hearted, generous and yet not tactful. He was not married, and yet he was wedded to his profession; he was an agnostic, and hence by his request the last sad rites were not characterized by a religious service. A few friends pronounced eulogies, and then the body was taken to the crematory.

There seems to be something sad about the close of the life of a brilliant man who was still in his prime.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

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OCCUPATION NEURITIS.

A number of cases are described by H. Curschmann. In one the cause was the habit of resting the elbows on a high table while standing at work. Paresthesia, pain and weakness developed in the fourth and fifth fingers of the right hand, and proved rebellious to the treatment. In another case, a young man made ice-cold applications to his inflamed eyes, pressing the cold cloth against the eye with his little finger. Symptoms of a neuritis developed in two or three days in this little finger, but the symptoms vanished under treatment after removal of the cause. An equally favorable termination was observed in a similar case in which the little finger had been submitted to a constant jar and vibration in tending a machine. The prognosis of a true occupation neuritis should be guarded, especially as lead poisoning, tabes, etc., are liable to attack first the radial and ulnar domain of the arm most used. The principal lesson of Curschmann's article is the importance of prophylaxis of these occupation affections.

CURRAN POPE.

FUNCTIONAL TEST FOR A DISEASED HEART MUSCLE.

The earlier an insufficiency of the cardiac muscle is recognized the better the prognosis of the case. According to M. Herz (in Deutsche medicinische Wochenshrift) insufficiency can be determined long before there are valvular changes, and the methods described by him for this purpose is very easily carried out. He counts the patient's pulse and then holding him by elbow and wrist of flexed forearm, the patient is told to extend this as slowly as he possibly can, his attention being fixed on the movement; the right forearm is usually chosen as having a finer innervation. The patient must not contract his muscle, nor open the arm too quickly; nor must the physician aid the movement in the slightest. Flexion and extension are performed several times, and the pulse again counted. In the case of a normal heart the pulse-rate will be the same or slightly increased; in case of an insufficiently strong muscle, the pulse-rate will be lowered, the pulse fuller and slower. In abnormally rapid hearts he has shown the pulse to slow as much as 40 beats. The author considers this a certain means of determining at a very early date an insufficiency of the cardiac muscle. In cases of atheroma, diabetes, nicotin poisoning, etc., he has made a diagnosis of muscular insufficiency, no other symptom pointing to its existence; later developments justified diagnosis. In fatty heart the result was always inconstant; in the hypertrophied heart of chronic nephritis the result was always negative, and he believes such a muscle to be healthy, even though enlarged.

CURRAN POPE.

DISORDERS OF THE NERVOUS SYSTEM ARISING IN THE COURSE OF CHRONIC NEPHRITIS.

Leszynsky (in the Medical Record) emphasizes the well-known but deplorable fact that many of the seemingly insignificant or apparently trivial symptoms which arise in the course of unrecognized chronic nephritis do not, as a rule, receive the attention that their gravity merits. Aside from the various neurasthenic manifestations occurring in the patients with chronic nephritis, many of the transitory subjective nervous phenomena arising during the course of the disease are the result of uremic (or possibly other) intoxication in varying degree, while nearly all of the transitory objective nervous phenomena, and the more perma-

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nent and incapacitating or fatal complications, are primarily due to the concomitant arterial disease. Hence, palpable evidence of arteriosclerosis and of high blood pressure is usually of the greatest significance. The many forms which the nervous disturbances attendant on nephritis assume are described in detail, and several illustrative cases are cited in which the failure to recognize the uremic condition underlying symptoms apparently of nervous origin led to serious results.

CURRAN POPE.

MOTOR SYMPTOMS OF MANIA AND MELANCHOLIA.

The following conclusions are quoted from the Lancet by the Medical Review of Reviews. W. H. B. Stoddart says: (1) That in mania an irritating product is formed within the cortical neurons; (2) that in melancholia a paralyzing product is formed within the cortical neurons; (3) that in agitated melancholia there is a combination of deleterious influences, viz., a paralyzing product within cortical neurons, and also an irritating body in the plasma which bathe the nerve cell; (4) that in a few cases of mania there is both an irritating body within the nerve cell and in the plasma bathing it.

In melancholia there is a general tendency on the part of the organism to fail in the excretion of their normal metabolic products. There may thus be a deficient elimination of normal substances, or a new formation of cytotoxins.

CURRAN POPE.

LIFE OF TYPHOID BACILLUS.

In discussing the vitality of the typhoid bacillus (American Medicine), it is reported that recent experiments conducted by the laboratory of hygiene of the University of Wisconsin indicate that the bacillus lives from 8 to 10 days in ordinary flowing water, but seems to be killed sooner by saprophytic bacteria in polluted streams. The old rule that a stream purifies itself in five miles is extremely dangerous. If it flows at the rate of half a mile an hour, and a water-supply is pumped from it 20 miles below the outlet of a sewer, it may be only 48 hours between the act of defectation of a typhoid patient and the act of swallowing the still living discharged bacilli in the town 20 miles away. Of course St. Louis is safe from Chicago's diseases poured into the drainage canal, but it is deplorable that it is now our settled policy that one community can pollute another's water, and the latter have no redress, unless it can prove that the bacteria are surely dead before they reach the lower water intake.

W. W. VINNEDGE.

ANIMAL BLOOD SERUM.

Writing on the subject of the use of animal blood serum as a remedy in the presence of a class of wounds in surgical practice W. Stuart-Low, F. R. C. S. (The Lancet May 4, 1907, pp. 1221-22), reports that he was led to apply the fresh sterilized blood-serum of a full grown sheep in the treatment of wounds which healed up to a certain point and then refused to advance to completion. He first employed oiled silk, which has long passed from favor as a surgical dressing, in trying to secure continued healing in this class of cases. He was led to think that this dressing in sluggish cases promoted moisture and surface circulation, and in that way hastened the completion of healing. Dry dressings in contact with a healing part where the circulation is feeble absorbs the normally exuding serum and becomes adherent to the growing tissues, and thus blocks the exudation and therefore the surface circulation and drys the granulations. The oiled silk does not, but allows a constant exudation of serum from the surface vessels, and being itself non-absorbant keeps the wound always bathed in serum. It is proverbial in surgery that many of the too dry wounds do not mend well and this, in the opinion of the writer, is the explanatiton. In using the oiled silk the writer does not immerse it in boiling water but simply washes it in boric solution made with sterilized water.

Reflecting on facts and conditions and applying the theories on opsonins as suggested by Sir A. E. Wright it was decided to apply animal blood serum as the fluid with which the "sluse," to irrigate, and to dress wounds. A quantity of fresh

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blood from the butcher, which had been poured directly from the incised aorta of a young, fat, healthy, two-year-old sheep into sterilized vessels. The blood was kept for two days in air tight glass jars. The author is still doubtful about how long to leave the serum in contact with the blood-clot. The writer's success in wound treatment has been so satisfactory that he now obtains and keeps a fresh supply of blood every three days. He thinks desiccation in a wound is usually inimical to ready repair and this has been successfully avoided when blood serum dressing has been employed. In every case union by first intention took place and there was a singular absence of pain, and epidermization proceeded more quickly than usual.

W. W. VINNEDGE.

AN IMPROVED TEST FOR MORPHINE.

On the cares of the practicing physician who dispenses his own remedies is to avoid the mistake of dispensing morphine for quinine. The old nitric acid test enables him to distinguish readily between the two drugs. But where the morphine is in solution and quantity is desirable information, especially in medico-legal cases, more elaborate tests are necessary. An ingenious method of determining small or large quantities of morphine has been suggested by Mr. Thomas Tickle (Pharmaceutical Journal). This process presents many points of originality and interest, the essential one of which is that it consists in the employment of metacresol in addition to amyl alcohol as a solvent of the alkaloid. Metacresol is a far better solvent of morphine than is amyl alcohol, but it is partly soluble in water, a difficulty which is surmounted by employing a mixture of these solvents in a proportion of two to one. The outline of this process is as follows: The alkaloid is liberated with sodium bicarbonate and agitated with a mixture of metacresol and amyl alcohol, and after observing certain precautions the alkaloid is extracted from the mixed solvents by agitation with acetic acid. The solution of morphine acetate obtained in this manner is placed in contact with the vapor of ammonia, whereby the alkaloid is deposited in a crystalline form. The crystals of morphine are then dried and weighed. This process is serviceable for dilute solutions of morphine and is especially useful in toxicological examinations, as the metacresol fixes and eliminates the albuminoid extracted material which often occasions considerable difficulty when working with the methods hitherto employed.

W. W. VINNEDGE.

CACTUS GRANDIFLORUS THERAPEUTICALLY.

The writer hopes that there are not many medical men who will be unduly influenced by striking advertisements and illustrations accompanied by numerous testimonials as to the therapeutic value of cactus grandiflorus, the night blooming cereus. No doubt there are many capable physicians who have confidence in the drug in the presence of functional disorders of the heart, and it is reported that some of them thought well enough of its therapeutic value to warrant its inclusion in the current edition of the United States Pharmacopeia. The sub-committee on pharmacology investigated the question and its results have been published by Prof. L. E. Sayre (Therapeutic Gazette). It was found difficult to obtain a supply of trustworthy material, as the greenhouse variety was not considered to be of value and the plants growing wild in tropical countries occur in many species and varieties. Alcoholic tinctures were made from the fresh stem of authentic material and examined physiologically, with the result that the action of the drug on the heart was found to be slight and uncertain, if not practically nil, as shown by tracings taken from the right ventricle and cartoid artery of dogs anesthesized by chloretone and morphine. The sub-committee came to the conclusion that the drug should not be made official, as it is difficult to obtain and to identify; moreover, it rapidly deteriorates, owing to the presence of an enormous quantity of water, ninety-five per cent in the fresh stem, together with mucilage and other easily decomposed bodies. No alkaloid or other definite principle has yet been discovered in the drug; indeed, if one be pres-

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ent there is reason to suppose that its percentage yield would be remarkably low, amounting to no more than 0.00076 in the tincture. For the present, therefore, the therapeutic value of cactus grandiflorus is open to considerable doubt, according to our best authorities, notwithstanding the many valuable opinions expressed by clinicians.

W. W. VINNEDGE.

SOME POINTS TO REMEMBER WHEN STUDYING BLOOD FOR THE AESTIVO-AUTUMNAL MALARIAL PARASITE.

First. The aestivo-autumnal parasite is not found abundantly in the peripheral circulation.

Second. The best stain to use for this study is Wright's stain.

Third. This stain differentiates the chromophelic granules and brings out the nucleus of the organism brilliantly, while the hyaline substance of the parasite is stained a delicate blue.

Fourth. No parasite belonging to this class of malaria can be observed which does not contain one or more granules, and one or more nuclei.

Fifth. The examiner must not expect to be rewarded with more than five or six parasites on an ordinary slide.

Sixth. The common blood plaque will take a stain which will be confusing, and this must always be borne in mind when findings are determined.

Seventh. Malarial parasites of this variety are always found intra-corpuscular unless the ovoid, or crescents, are present.

W. T. S. DODDS.

ANOREXIA NERVOSA.

The American Pediatric Society, which held its annual session at Washington recently, was presided over by Dr. B. Knox Rachford, of Cincinnati. Anorexia Nervosa in Children was the subject of a paper by Dr. F. Forchheimer, of Cincinnati. The doctor referred to several previously reported cases under somewhat different names, the conditions being usually looked upon as one of the manifestations of hysteria. From our present state of knowledge he says we are justified in calling it a neurosis. It is generally found in children who have been allowed to grow up without discipline and allowed to eat what they please. One case was reported of a child who refused to eat anything but cheese, another would eat nothing but pickles and olives and would vomit anything else; one case was reported where the child died of starvation. The treatment was discipline mostly in the hospital with gavage as a last resort. The children were mostly neurotics and the scions of neurotics and parents who did not believe in disciplining their children. Dr. Charles G. Kelley, of New York, in the discussion which followed reported the case of a four-year-old girl who always vomited food, even at the table, but who never did so when allowed to eat in the kitchen. The child was finally cured by removal to the house of a relative and association with other children.

E. S. McKEE.

MERCURY IN TENIA SYCOSIS.

Doctor John V. Shoemaker, in a recent lecture, asserted that a 10 per cent ointment of oleate of mercury applied twice a day would speedily destroy trichophyton of tenia sycosis and restore the patient.

RYAN.

FOR ACUTE SUPPURATIVE WOUNDS.

As an application for acute suppurative wounds Ehrlich commends the following: Phenol 1 oz., alcohol two and one-half drachms, camphor two ounces. This is excellent, as we know by experience, allaying the pain, stimulating granulation and rendering the wound aseptic.

RYAN.

RABIES.

In reference to the rapid diagnosis of rabies Keinle (N. Y. Med. Jour.) offers the following conclusions:

1. The presence of the ganglionic changes, described by von Gehuchten and Nelis, or the presence of the structure termed Negri bodies, is not pathognomonic of rabies (hydrophobia), since these are often found when rabies does not exist.

2. The absence of one or both of these appearances does not prove that rabies is absent, since they may be present when

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rabies is present; therefore they are not infallible indications of rabies (hydrophobia).

3. In the exigency of treatment, the results of preliminary examinations should not be waited for. When the circumstances are suspicious, when the animal has been killed or has escaped, when a person has reason to think that he has been in contact with the virus of rabies (hydrophobia), he should, as soon as he can, consult his physician, and, preferably through him, should at once communicate with some reputable institution treating this disease preventively, and abide by the advice given.

ADDENDA.

The experiments made by the writer were done throughout the month of June, 1906. On November 14, 1906, the October number of the Annales de l'Institut Pasteur was received. On page 859 is an article by Y. Manouelian (Travail du laboratoire de M. Metchnikoff). The title is Recherches sur le mecanisme de la destruction des cellules nerveuses. This writer asserts that the destruction and disappearance of the nerve cells (cerebrospinal ganglia) in rabies are effected by phagocytosis, and that the macrophages, described by M. Metchnikoff, are the agents in breaking up and removing the nerve structure which has become useless or harmful, so rendered in this instance by the virus of rabies. These macrophages, figured in Plate XXXII by M. Manouelian, morphologically are identical with those figured by Dr. Negri, and designated as protozoa, causative of rabies (Figs. 1, 4; except 6, "parasitare Gebilde"). M. Manouelian in his article nowhere mentions Dr. Negri or his work. So far as appears, the work of the former was done without any knowledge of the work of the latter. Both these investigators were working with rabietic material. The writer of this present article was working with nonrabietic material; yet all these investigations reveal the same morphology. Evidently these forms have no casual relation to rabies, and M. Manouelian does not so allege; on the contrary, he notes that these bodies, these cells, are the large phagocytes, macrophages, described by M. Metchnikoff as active in removing the worn out nerve tissue of the aged; the tissue which the unknown virus of rabies has vitiated these known cells remove. The bodies of Dr. Negri, mistaken for specific protozoa, are the macrophages of M. Metchnikoff, which are common carriers, and in no other sense specific morbific agents.

EARP.

TYPHOID FEVER.

Wainwright (N. Y. Med. Jour.) concludes an article upon typhoid fever as follows:

1. Perforation of the bowel in typhoid fever is more common than is generally supposed, occurring once and a trifle over in every three deaths.

2. The most common time of perforation is between the fourteenth and the twenty-first days. In 92 per cent of the cases in this series the perforation occurred between the second and fifth week inclusive. The earlier cases are probably perforation in a relapse; now and then perforation may occur without evidence of previous illness.

3. Perforation occurs in cases of all grades of severity, from the ambulatory to the hemorrhagic type. It is most common in those with moderate (25 per cent) and severe (50 per cent) infection (75 per cent). It is more common in the hemorrhagic than in the mild cases (10.8 per cent to 8 per cent).

4. The ileum is the common site of perforation (88 per cent); the majority occur within twelve inches of the ileocecal valve; the appendix and colon, respectively, are the next most frequent sites of perforation in this series of cases.

5. Pain of some kind is present in 75 per cent of all cases. In 50 per cent of the cases the onset is sudden and severe and of increasing intensity, localizing itself to a special zone. In 20 per cent of the cases the pain is of slow onset, not localized, with general distribution. In some cases (12 per cent of this series) no pain is complained of, and the usual symptoms of perforation are absent.

6. Tenderness and rigidity are present in from 75 to 65 per cent, respectively, of all cases, and are usually combined; in some cases either one or the other may

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be wanting; rigidity especially may be absent in cases with rather a pendulous and relaxed abdominal wall.

7. When perforation is suspected the temperature should be taken every hour; only by this means can the immediate rise and slow fall to normal or subnormal which often occurs be detected; in some cases, and especially those of extreme toxicity, no noteworthy change at all in the pulse, temperature, or respiration can be detected when perforation occurs. Diagnosis is then only an inference.

8. Distention (if absent during the course of the disease and at the time of suspected perforation) is a late symptom of perforation. The obliteration of liver dullness is not a reliable sign of perforation.

9. The study of the leucocytes is of little aid. In a few cases their increase is such as to assure you of your diagnosis. In a considerable number of cases there is a decided reduction in leucocytes after symptoms of perforation. Differential counting is not of practical use.

10. Before being assured of our diagnosis right sided pleurisy, pneumonia (especially in the young), cholecystitis, acute gastrointestinal indigestion, femoral and iliac thrombosis, appendicitis, peritonitis without perforation, cystitis, rupture of a mesenteric gland, or even hemorrhagic exudation into the abdominal muscles (Zenker's degeneration) should be considered. Even then mistakes in diagnosis will be made.

11. While nature will infrequently close one, two, or even three perforations, the only rational procedure when perforation occurs is operative interference. No case is too desperate for the attempt. Not infrequently the so-called mild cases succumb, while very ill ones recover.

12. The diagnosis made, time for operation has arrived; its important point is rapidity. Closure of the perforation and drainage is all that is needed; fifteen to twenty minutes should suffice. EARP.

TREATMENT OF CARDIAC DEGENERATION APART FROM VALVULAR DISEASE.

Dr. Robert H. Babcock (The American Journal of the Medical Science, May, 1907) reviews and divides the diagnosis of cardiac degeneration apart from valvular diseases into two groups, and gives the treatment under two heads, as follows: Group 1. In all cases of inadequacy the management should be substantially the same as in waning heart power from any cause. In the second group of cases the treatment should be conservative, i. e., to prevent the development of incompetence, either through acute strain or through gradual increase of the hypertension already existing and probably responsible for the hypertrophy present.

From the first appearance of myocardial incompetence the patient should be told emphatically that he must give his heart rest. In mild cases the patient should remain in his room or on one floor, lying down the greater portion of his time. When the heart can not bear even slight exertion the patient should remain in bed. Freedom from all mental effort, and from the excitement of conversation with any one.

A degenerated heart is benefited by absolute rest for a long time. In failing compensation of mitral stenosis it is absolutely necessary to restrict the flow of blood to the right heart by abolishing muscular movement and quieting the respiration. In inadequate myocardium the heart is deprived of the aid to venous return residing in muscular contraction and deepened inspiration caused by exercise, it is compelled to carry on the circulation very largely through its pulsation force. This is offset by the lessened number of its contractions and its greater total period of diastolic repose.

If the dorsal decubitus be enforced for too long a time the benefit of lengthened diastoles is counteracted. Muscular exercise also increases the interchange of gases, and hence the supply of oxygen to the tissues, including that of the myocardium. Massaging over the abdomen should not be vigorously on account of the elevation of the blood pressure caused by deep manipulation of the abdominal parietes. It is often advantageous to supplement the rubbing by passive rotation and flexion of the joints. The author speaks of the value to be obtained by the cardiapaths from the so-called Mauheim

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baths, especially those persons suffering from myocardial incompetence.

Medicinal.—When the arteries are stiff vasodilators are to be used along with digitalis; especially is this important when digitalis is being administered in a case showing pronounced hypertension together with myocardial incompetence. Whilst digitalis and its congeners are indispensable under certain conditions in this group of cases, they are to be handled with care and judgment.

Strophanthus should yield the happiest results in these cases, but no one cardiac tonic is equally suitable to all cases. Aconite is of great value in some cases of myocardial degeneration characterized by great hypertrophy together with dilation. It will control the uncomfortable sense of palpitatiton which annoys some patients. Aconite must not be given when the heart chambers are greatly dilated and inadequate, for it may prove to be positively harmful. Cathartics are harmful when pushed to the extreme, and yet they are employed too gingerly by most practitioners. Cathartics are indispensable when the portal system is much engorged. To relieve this statis which acts as a dam to the circulatiton we must administer cathartics. Magnesium sulphate, and some aperient water containing sodium sulphate as well as magnesium are preferable. Cathartics should be administered daily to prevent straining at stool in a patient with a degenerated myocardium on account of the liability to dilate the ventricle.

When the pulse tension is high, as is cases of cardiac inadequacy associated with chronic nephritis, the cathartics afford relief, because it removes the intestinal toxines as well as lessens resistance in the great intra-abdominal vessels and thus facilitates the work of the heart. Few therapeutic agents are of as positive value as morphine, when properly administered. It relieves the attacks of dyspnea (cardiac asthma). It should be given in a small dose subcutaneously 1-10 to 1-8 grain, late in the evening, it acts as efficient heart stimulant. Heroin gives speedy relief in dyspnea, given hypodermically, dose grains 1-8 to 1-6.

Group II. In this class are those cases in which sudden death comes to an individual who has attained or passed middle life, and is ignorant of anything wrong with the heart. Elderly men who apply for life insurance, and apparently free of cardiac inadequacy, yet on account of their age are naturally looked upon with suspicion. There are no positive heart symptoms; their breath comes little less freely during exertion than it once did, this may be attributed to portliness or sedentary habits. Possibly there are slight precordial pain and a sense of fulness which, being especially noticeable after eating, are attributed to indigestion.

The treatment is to be preventive, so far as such is possible. Should myocardial degeneration be discovered it will be too late to endeavor its restriction, the management must be directed to protect the weakened myocardium against injurious influences and to assist it in its struggle to maintain the circulation. The patient must be warned of the true state of affairs. He must be warned of the danger attached to activities which involve heart strain and hence the liability to dilation. All strenuous motions and activities such as running to catch trains, ascending long flights of stairs, lifting and carrying of heavy weights, activities involving excitement or fatigue, etc., must be avoided.

Systematic and carefully regulated gymnastics are of value. Breathing exercises, arm and leg movements, and contractions of abdominal muscles, conducted under the supervision of a skilled medical gymnast will prove beneficial. Golf, horseback riding, walking, light dumbell exercises, sawing and splitting of wood moderately indulged is to be recommended. Medicinal treatment has but small place in the management of these cases. The keynote of the situation is change of habits and the institution of a hygienic mode of life.

If pulse tension is high and abdominal corpulence bespeaks high intra-abdominal blood pressure, cathartics are of great value. An occasional course of the laxative waters of some spa, as Carlsbad, West Baden, French Lick, may prove very beneficial. Only in excessive arterial tension should vasodilators be pre-

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scribed to retard or ward off, if possible, the heart muscle strain which is impending. CRISMOND.

DIVERS OPINIONS AS TO ROENTGEN RAYS IN SKIN DISEASES.

(Gleaned from American Journal of Dermatology.)

Dr. Henry G. Piffard, New York City.—Roentgen rays are sometimes beneficial in the treatment of diseases of the skin. The causes and reasons for failure are unsuitable selection of cases, or ignorance on the part of the operator. The rays are contra-indicated when the patients can be cured more quickly and more cheaply by other means. As to the distance from the skin the tube is to be used, the target should be at a distance equal, at least, to twice the diameter of the lesion. A soft tube should be used. No general rule can be given for the length, intervals or number of sittings.

Some of the abuses: When a gentleman tells me that he uses the X-Ray as his regular and routine treatment for all cases of acne, and another says the same concerning eczema, the most charitable construction is to consider them radiomaniacs, or if they know better then they are radiografters. The limit of radiomania has been reached by a recent writer from whom I quote the following: "It (X-Ray) may be considered a specific in all forms of acne, lumps, tinea and sycosis, mycosis fungoides, eczema, psoriasis, pruritus, senile keratoses, venereal condylomata, and hyperidrosis." The writer of this sentence is one who is not especially known in dermatological circles.

William S. Gottheil.—Raidrotherapy is beneficial in a strictly limited dermatotherapeutic field. I have gotten good results to a certain extent in lupus vulgaris, rhinoscleroma, superficial epitheolomata around the mucous orifices, and keloids. It fails even in these cases sometimes, for reasons unknown to me. The rays are contra-indicated in every case that can be treated as well or better by other methods. There are no skin affections in which the rays are of undoubted benefit. The X-Ray is to be recommended only for cases unsuited to other treatment. It is an uncertain agent and liable to do damage.

Dr. Harttung, Breslau, Germany.—I avoid Roentgen treatment principally, in all those patients who manifest marked vaso-motor disturbances and in circumscribed or diffused atrophies of the whole skin. I have had the best results in dermatomycoses, especially in the thickened infiltration of parasitic sycosis. The results were good in lupus, and the treatment has proven itself good in flat carcinomas of the skin. I look upon the treatment as without value in psoriasis. In two cases of erythemeindure of Bazin no appreciable result showed itself after long treatment. In spite of long treatment, in several cases of favus it was a failure.

William James Morton, M. D., New York City.—I think that the Roentgen rays are really beneficial in the treatment of diseases of the skin; as a matter of fact, I believe that time will establish that they are a most important ally to the dermatologist. I myself feel that I have most cases of eczema now well in hand whenever they come to me. Also in psoriasis the X-Ray is invaluable. Also in skin cancer and in many cases of lupus. A case of carbuncle treated and cured. The effect in carbuncle and furuncle is certainly remarkable, as well as in cases of acne.

Everett J. Brown, M. D., Decatur, Ill.—I think the X-Ray will always have an important place in dermatology, although much more limited than at first anticipated. Its greatest value is in superficial cancers when used early. But below the mouth and on both lips it is of uncertain value and often fails. Extensive cancers of the face, such as rodent ulcers, are generally not cured. In lupus it is a benefit and causes much improvement, but I have never had a complete cure. In acne, temporary improvement occurs, but the long treatment, the tanning of the skin and recurrence render it unsatisfactory to the patient.

Henry Rockwell Varney, Detroit, Mich.—For the treatment of many of the chronic, localized, rebellious skin affections, I consider the X-Ray indispensable. Acne rosacea and acne vulgaris, which

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are rebellious to all other forms of treatment, respond favorably to the ray, and with it in combination with another form of recognized treatment, permanent results are obtained. The various forms of superficial tubercular conditions of the skin, such as lupus vulgaris, tuberculosis-verrucosia-cutis, tubercular-fistula, tubercula infiltratiton of skin-connective tissue, following tubercular bone affections, tubercular glands, tubercular cervical adenitis are all benefited to a greater or less degree and a large percentage cured.

Herman A. Haubold, M. D., New York City.—Three years ago a lady presentetd herself at my office and showed me an acne she had on both shoulders. She was a demi-monde and needed smooth shoulders in her business. I exposed the areas to the ray, a matter of 32 times of an average of about ten minutes per sitting. I think it fair to state that each shoulder had the target centered on itself about 16 times in intervals of three to five days. The acne disappeared. At the end of three more months the worst telangiectasis I have ever seen developed, involving the skin over both scapulae which became progressively worse until now, three years later, it is utterly impossible for her to wear a low cut gown at all. I think the ray caused a vaso-motor paralysis which has now resulted in a permanent dilation of the blood vessels.

T. Sjorgren, M. D., Stockholm, Sweden.—The Roentgen rays are unquestionably beneficial in certain cases. That the Roentgen therapy is not beneficial in some cases, and even has an injurious effect, is irrefutable; but this result is caused either by choosing unsuitable cases for treatment, or by giving treatment through lack of a thorough knowledge of it. In cases of chronic eczema, lupus vulgaris and erythematodes, epithelioma (ulcer rodeus), verruca, keloid, herpes tonsurans and favus (for temporary depilation), pruritus ani et vulvae (also without any perceptible change in the skin), and mycosis fungoides, the rays are of undoubted value.

CRISMOND.

AN UNUSUALLY SEVERE CASE OF ACUTE CHOREA SUCCESSFULLY TREATED WITH APOMORPHIN.

(New York Medical Journal.)

The patient was an overgrown girl of fifteen years. Her menstruation was irregular. Her family history was neurotic. While at boarding school she developed chorea. This increased until she had to leave school. Finally, despite treatment, she passed into a state of acute mania, requiring constant restraint. All known treatments were tried without result, and the author was about to give up when he thought of apomorphin. One-fortieth of a grain was given hypodermically, with the result that in three minutes the incessant movements ceased and there was muscular relaxation followed by quiet sleep. One-twentieth of a grain of apomorphin and Fowler's solution were administered thereafter every three hours. There has been no return of the chorea. D. F. BERRY.

THE STERILIZATION OF LAMINARIA TENTS.

(Le Monde Med.)

Dr. Furth, of Dervent, recommends the following procedure:

Begin by boiling the tents in soft (rain or decalcified) water for at least an hour, by which time their diameter will have increased ten-fold. If we then plunge them in absolute alcohol the dehydration will reduce their size considerably. Change the alcohol bath and in a quarter of an hour or so they will have returned to barely twice their original size. They are then compressed in their entirety between the jaws of a sterilized pinchers and then all that requires to be done is to place them for ten minutes in a chamber heated to 170 degrees C. Thus treated, laminaria is quite sterile without having lost any of its characteristic properties. Tents 2 or 3 mm. in diameter, if left in the uterine cervix for 24 hours, attains a thickness of at least 17 mm.

D. F. BERRY.

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MEDICAL MISCELLANY.

GRADUATION EXERCISES OF THE STATE COLLEGE OF PHYSICIANS AND SURGEONS—ADDRESSES OF DR. BEVAN AND PRESIDENT BRYAN.

The first annual commencement of the State College of Physicians and Surgeons in affiliation with Indiana University was held at Bloomington May 18. The faculty and their friends from Indianapolis arrived on a special train and numbered one hundred and twenty-five, of whom fifty were ladies. After the exercises the day was spent in visiting the splendid laboratories, library, conservatory and other buildings which are the best in the country. Words are futile to describe the enjoyment of the visitors. The luncheon and reception gave evidence that the friends of the university in Bloomington are not forgetful of their friends elsewhere. Dr. B. D. Myers did himself proud as a master of ceremonies, and his associates deserve much praise also. The hospitality of President and Mrs. Bryan and their associates will long be remembered. The following was the program:

Music—University Orchestra.

Invocation—Rev. T. H. Hanna.

Address—"Medical Education in America"—Dr. Arthur Dean Bevan, Professor of Surgery in Rush Medical College; Chairman Council Committee on Education of the American Medical Association.

Music—Hungarian Rhapsodie No. 8—Liszt—Miss Mildred Barnhill.

Recommendation of Candidates for Degree of Doctor of Medicine—Dr. Allison Maxwell, Dean State College of Physicians and Surgeons.

Conferring of Degrees—President William Lowe Bryan.

Benediction—Rev. T. J. Clark.

Reception, 3:30 p. m., in the west parlors of the Student Building, given by the Faculty of Indiana University to the Faculty, Students and Friends of the State College of Physicians and Surgeons.

The graduates were:

Augustus J. Blickenstaff, A.B., Idaville; Lunsford Eliga Cox, Kyana; Roy Ben Crabill, Monroeville; Miles F. Daubenheyer, Versailles; Roy Egbert, Cimarron, Kansas; Arthur Clayton Endicott, Frankfort; Hanson Smiley Gifford, A.B., Tipton; Volney Nevin Fackler, Versailles, Ohio; J. Raymond Hume, Milroy; Albert A. Kramer, Edgerton, Ohio; Edward Orton Little, B.S., A.M., Greencastle; Walter D. Martin, B.S., Oakland City; William Elijah Mendenhall, Indianapolis; Morton Myers, A.B., Ingalls; Roscoe Addison Mitchell, Marshall, Illinois; Joseph Ellsworth Moser, Bloomfield; Edward A. Pape, Indianapolis; Walter F. Payne, Terre Haute; Laurence H. Shaw, Indianapolis; James Harvey Smiley, A.B., Sparta, Illinois; Augustin Carleton Ullery, Covington, Ohio; Ernest Paul Wheeler, Ph.G., Huntington, West Virginia; Claude Crossland Wood, Hagaman, Illinois; Homer Woolery, A.B., D.O., Bloomington.

Paul Eugene Bowers will be given until September 15 to complete a portion of his work and will receive his degree at a later period.

DR. BEVAN'S ADDRESS.

Dr. Arthur Dean Bevan, who delivered the address before the faculty, is chairman of the Council on Medical Education of the American Medical Association, and hence spoke with authority. He advocated the establishment of a national bureau of medical education for the purpose of aiding in raising the standard of medical education. It could have no legal powers because this belongs to the state licensing board, but it will secure convincing evidence. Dr. Bevan discussed preliminary education, medical curriculum and its relation to the college of liberal arts. The council adopted a standard which requires sufficient preliminary work to permit a student to enter the freshman class of a university and the graduation from a four-year-course medical school which requires not less than thirty weeks, thirty hours each week during the collegiate year, and to pass an

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examination before a state board. The doctor briefly gave the points of the report he had made to the council in reference to the standing of medical schools based upon the showing made by their graduates before state boards. The medical schools were in four classes: First, with less than 10 per cent of rejections; second, 10 to 20 per cent; third, 20 per cent; fourth, unclassified list. The list will be published each year.

To form a civil service basis some member inspected each of 160 medical schools, and each was graded upon certain points.

The following ten points making a possible 100 were taken into consideration:

1. Showing of graduates before state board examinations.
2. Requirements and enforcement of satisfactory preliminary education.
3. Character and extent of college curriculum.
4. Medical school buildings.
5. Laboratory facilities and instructions.
6. Dispensary facilities and instruction.
7. Hospital facilities and instruction.
8. Extent to which first two years are officered by men devoting entire time to teaching and evidences of original research work.
9. Extent to which the school is conducted for the profit of the faculty directly or indirectly rather than teaching.
10. Libraries, museums, charts, etc.

These marks were obtained from a full report furnished by the school and also from personal inspection covering these points.

We have then arranged the school into six classes: A, B, C, D, E, and F.

The A class, being from 90 to 100.

The B class, being from 80 to 90.

The C class, being from 70 to 80.

These three classes above 70 form an accepted list and it is recommended that the state boards recognize these schools as being up to standard.

The D and E class, being from 50 to 70.

It is believed that these schools should be recognized, provided that they make improvements, which will bring their work up to the necessary grade of 70.

The F class, being 50 and below.

It is believed that these schools should not receive the recognition of the state board.

Of the 160 schools, 81 received markings above 70, 47 marking between 50 and 70, 32 below 50.

It was clearly shown by this inspection that medical schools conducted solely for profit are a menace and should not be recognized.

Night schools attempting to educate a student in the hours from 7 to 10 p. m., usually after the student has devoted his day to some occupation in which he earns his living, should not be recognized by any state board, especially when it is found in the good schools that four years of nine months six days in the week from 8 a. m. to 5 p. m., is barely sufficient time to devote to a medical course.

Many schools are conducted for the purpose of preparing a student to pass a state board examination and not with the object of making him a competent practitioner.

Dr. Bevan showed how a student could be prepared by "cramming" to pass a state board examination and still be incompetent in medicine and more than all probably such a person is a poor doctor. Examinations should be practical including laboratory work and on patients during a clinic. Facts were brought out showing that it is quite probable that the cost of educating a student is more than he pays in fees, hence the necessity of state aid or endowment. Some things said by Dr. Bevan were in line with those carried out by the State College of Physicians and Surgeons; for instance, he said "every university now in existence should have a strong medical department. No better investment can be made by a state. Its clinical department should be in a large city." The speaker further said philanthropists will not often endow private enterprises. The report shows that 50 schools say they will require by 1910 or before one year of university physics, chemistry, biology and one language before a student is accepted as a matriculant. Mention was made of trained teachers putting in full time in teaching physiology, pathology,

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etc., in well equipped laboratories and also include as a requirement clinical work in large dispensaries and hospitals.

The address of Dr. Bevan shows that medical education must be on a higher plane and colleges that can not cope with it must fall out of line. The first two years should be in a university with advantages that can not be excelled elsewhere; the State College has inaugurated such a course. Its affiliation with Indiana University perfects the plan. The last two years are given in Indianapolis, where the institution has its own hospital—the State College Hospital.

After President Bryan had conferred the degree of Doctor of Medicine upon the candidates for graduation he took occasion to deliver a short address which contained facts without undue verbage. It was so wholesome in clearly defining the situation it merits a place in our report.

PRESIDENT BRYAN'S ADDRESS

This is an important day in the history of Indiana University. We have been for a number of years working toward the establishment of a school of medicine. In the fulfillment of this our legal and moral duty to the State we have encountered serious and unpleasant obstacles. These obstacles I shall not attempt to characterize. I shall say nothing of that today, except that they have not stopped our work.

"It is written that when the Jews under Nehemiah were rebuilding the walls of Jerusalem in face of a circle of enemies 'they which builded on the wall and they that bear burdens with those that laded everyone with one of his hands wrought in the work and with the other hand held a weapon.' We have been forced unhappily at times to the same extent and with us, as with Nehemiah, the walls continue to go up.

"The essential reason for our success is that what we proposed, is right to the core. We have had no ambition to establish a school which should merely bear the university name. The revolution in medical education within the last quarter of a century does not consist in the fact that old schools have changed their door plates. The truth, as all men know, is that, that science, together with many of the arts founded thereon, has developed more within the last generation than in the five thousand years preceding. In no field have these developments been made more fundamental and far reaching than in that of medicine. What the chemist and pathologist know today, what the surgeon can do today, what the quarantine staff can accomplish in a pest ridden city today—these things no sane man could have dreamed possible a quarter of a century ago.

"A medical school must meet the situation. It must lead young men to this knowledge and proficiency. If the training of an engineer requires first a laboratory and then the shop, both up to the level demanded by modern business, the training of a physician requires no less. First the laboratory, then the hospital clinic, both on the university level.

"This is the simple and self-evident program of the great medical schools of Europe and America. This has been our program. In all the details of our procedure we have enjoyed the counsel of the most eminent authorities in the country. We have had the fortune to meet their constant approval. We have brought all that we have done repeatedly before the supreme court of medical opinion. We have always been content with the judgment rendered. We are not done. We are building the wall. We earnestly hope to build it in peace, in cooperation and not in conflict, but we hold ourselves dutifully bound to continue our work.

MEETING OF INDIANA STATE MEDICAL ASSOCIATION.

The annual meeting of the Indiana State Medical Association was held at the German House, Indianapolis, May 22-24, 1907. In ever respect it was a success. The attendance was larger than that of any previous meeting. The registration showing 615 names.

Several times in our columns we have condemned the reading of papers by title, giving reasons why such a thing is a farce, calling attention to one meeting

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where twelve persons whose names were on the programme were absent and the programme was not a long one

There were thirty-seven papers, thirty-four of which were read, which is an excellent showing.

The address of the President, Dr. Geo. J. Cook, was brief and practical throughout. It consisted, mainly of a review of recent laws which had been enacted concerning medicine and hygiene together with some important recommendations.

The papers, for the most part, were concerning recent advances in medicine and many of them gave the results of original research.

The social functions were given, principally, by individuals. A banquet by the alumni of Rush Medical College and the members of the Association had one evening at Wonderland. Dr. A. E. Sterne gave a luncheon at the Columbia Club; Mrs. Dr. Sutcliffe gave a dinner at her home in Central avenue; and the College of Physicians and Surgeons entertained their friends at the Claypool.

At the business session the usual resolution to form a State Journal for the purpose of publishing the transactions of the State Society "came up" like the annual dandelion, it was referred to the Council.

The next meeting of the Society will be held at French Lick Springs, the date to be fixed by the Committee of Arrangements.

Officers for the ensuing year were elected as follows: President, D. C. Peyton, Jeffersonville; vice-presidents, W. H. Stem, North Vernon, A. Knoefel, Linton, and George R. Green, Muncie; Secretary, F. C. Heath, Indianapolis; treasurer, A. E. Bulson, Jr., Ft. Wayne; delegates to American Medical Association, June, 1907, W. N. Wishard, Indianapolis; L. L. Whiteside, Franklin; J. T. Dickes, Portland; councilors, Joseph Weinstein, Terre Haute; D. W. Stevenson, Richmond; George Roland, Covington; A. E. Bulson, Jr., Ft. Wayne.

Pickups From The Society.

Dr. W. T. S. Dodds had a fine microscopical exhibit consisting of the different stages of the malarial parasite; the various stages of leucemia; pernicious anemia, and chronic malarial parasites from Manila and Panama.

The Indiana Medical Journal was chaperoned by Miss Pearl Holloway and the Central States Medical Monitor by Dr. E. A. Rainey. The editors were, now and then, in evidence.

Dr. J. N. Hurty had charts, diagrams, photographs and bone specimens illustrating tuberculosis, also photographs of smallpox in its various stages and a complete set showing the Indianapolis water supply. His mortality statistics were made plain by coffins and it caused some wag who was passing the exhibit to say:

"A cough carried her off
And a coffin they carried her off in."

The pathological display by Dr. Wynn was not as large as usual; but what there was of it was good.

The interests of D. Appleton & Co., Medical Book Publishers, was looked after by H. A. McChesney; and the C. V. Mosby Medical Book Co., under the direction of Dr. Chas. Hollis represented P. Blakiston Son & Co.

J. B. Lippincott & Co., Medical Publishers, had an exhibit which was appreciated by the members of the Association.

Dr. E. T. Buck had his share of patronage for Horlicks Food Ice Cream.

Pitman-Myers Co., of Indianapolis, had one of the largest and best displays that has been seen at any meeting.

The Allison Co. which makes the best physicians' chair and table in the country was "Monarch of all they surveyed," with a right for none to dispute.

The Alumni of the former Medical College of Indiana and of the Medical College of Ohio will join interests and

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hold a banquet at the meeting next year. Dr. W. T. S. Dodds and Dr. W. H. Stem will have charge of the arrangements.

Dr. S. P. Scherer was taken sick while at Wednesday's meeting and was unable to be present to discuss Drs. Graham and Cole's paper.

Drs. Ford, Barnhill, Weer, Coble, Myers, Wales, Lindenmuth, Thrasher, Allen, Sexton, Maxwell, Sowder, Hutchins, Goar and Berry held an impromptu meeting of welcome to the Alumni of the former Central College of Physicians and Surgeons which is now united with the Alumni Association of the State College of Physicians and Surgeons in affiliation with Indiana University.

Dr. J. B. Garber of Dunkirk, who was first vice-president, performed his duties in "apple-pie" order and adhered strictly to the twenty minute rule. He is good timber for a future president.

L. J. Underwood, representing the Underwood Chemical Company, had a good pharmaceutical display. Firmotone, and an Antiseptic Solution were the leaders.

MEDICAL ALUMNI BANQUET.

The Alumni Association of the former Central College of Physicians and Surgeons held its annual banquet at the Commercial Club May 21. It had as its guests the Alumni Association of the State College of Physicians and Surgeons in affiliation with Indiana University. Dr. Amelia Keller presided as toastmaster and introduced each speaker with a neat little speech. The regular program was as follows:

The Old Central Alumni—Dr. S. E. Earp.

The Old Central College—Dr. J. F. Barnhill.

The New College—Dr. J. R. Hume.

Enthusiasm was a predominating feature of the occasion.

Impromptu speeches were made by Drs. C. W. McClintock, J. H. Ford, E. O. Little, W. H. Foreman, J. A. Lambert, J. A. Sutcliffe and others.

The president of the State College Alumni Association, Dr. E. O. Little, announced that he was authorized to invite the Central College Association to become members of their association. Dr. Keller, president of the Central College Association, called its members to order and upon motion of Dr. S. E. Earp a resolution presented by Dr. J. A. Lambert to accept the invitation was carried unanimously, followed by three cheers. All property of the old association was turned over to the new one, and all alumni of the former Central College of Physicians and Surgeons are now eligible to membership in the alumni association of the State College of Physicians in affiliation with Indiana University.

At the organization of the State College Association the following officers were elected:

President, Dr. E. O. Little, Indianapolis; vice-president, Dr. Homer Woolery, Bloomington; secretary, Dr. E. A. Pape, Indianapolis; treasurer, Dr. L. H. Shaw, Indianapolis; historian, Dr. J. Raymond Hume, Milroy.

MEETING OF HOMEOPATHS.

At the annual meeting of the Indiana Institute of Homeopathy the following officers were elected:

Dr. C. B. Harpole, of Evansville, president; Dr. W. R. Stewart, of Indianapolis, first vice-president; Dr. D. W. Weaver, of Greensburg, second vice-president; Dr. Sollis Runnels, of Indianapolis, secretary, and Dr. W. E. Franz, of Berne, treasurer. The old board of censors was re-elected as follows: Drs. J. A. Compton, of Indianapolis; W. R. Bentley, of Morristown; D. H. Dean, of Rushville; C. R. Armstrong, of Thornton, and F. L. Davis, of Evansville. Drs. W. E. George and Frank Stewart were selected as members of the committee on arrangements. Drs. W. R. Stewart and M. H. Waters, of Terre Haute, were chosen delegates to the American Institute at Jamestown. The institute will be conducted in the Inside Inn.

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DEATH OF DR. J. T. McSHANE.

Dr. John T. McShane died at his residence in Indianapolis May 20, of Bright's disease. He was born near Carmel, Indiana, December 2, 1847. Dr. McShane graduated from the Medical College of Indiana in 1885. At the time of his death he was surgeon of the Lake Erie & Western and Monon railroads. He came to Indianapolis for permanent residence sixteen years ago. He was a member of the Indiana State Medical Association and of the Indianapolis Medical Society, a member of the Scottish Rite and Nobles of the Mystic Shrine, a Knight of Pythias, an Odd Fellow and a Knight of Honor. He was a member of the Central Avenue M. E. Church.

SENIORS BANQUETTED.

One of the happiest occasions of commencement season was the banquet to the class of nineteen hundred and seven, given by Indiana University and the affiliated State College of Physicians and Surgeons at the Grand Hotel May 11, 1907. After a sumptuous repast the following furnished the mental food:

Toasts—Dr. William L. Bryan, Toastmaster.

The Beginning—Dr. B. D. Myers, Bloomington.

The University—J. W. Fesler, Indianapolis.

The Student—Dr. Homer Woolery, Bloomington.

The Profession—Dr. H. N. Moyer, Chicago.

The Days of Auld Lang Syne—Rev. Allan B. Philput, D.D., Indianapolis.

The End—Dr. J. C. Sexton, Rushville.

CONTRIBUTIONS FOR THE MONITOR.

Dr. N. E. Aronstam, of Detroit, one of our collaborators, sailed on the S. S. Kaiser Wilhelm II June 10. For several months he will do special work under Dr. Lassar, in Berlin. Dr. Aronstam will send The Monitor reports of dermatological and genitourinary clinics.

Dr. R. O. McAlexander, who is attending a postgraduate course in Philadelphia has sent us his first report which appears in the miscellaneous department of The Monitor this issue. It embraces the clinics of Drs. Price, Deaver and Rodman. Other reports will follow.

HEALTH BOARD AFFAIRS.

In order to comply with a law passed by the last legislature it was necessary that all members of the Indianapolis Board of Health resign. Dr. M. V. Spencer is the new member appointed by Mayor Bookwalter. He graduated from the Central College of Physicians and Surgeons in 1896. Dr. Spencer was formerly city sanitarian and is well versed in sanitary matters. The appointment is a good one.

Drs. E. D. Clark, T. B. Noble and Frank Morrison were reappointed.

The state officers' school met May 21 and a good program was rendered.

THE MEDICAL ERA'S SPECIAL EDITIONS.

The Medical Era, of St. Louis, Missouri, will conform to its usual custom and issue its yearly series of special gastro-intestinal numbers, embracing July and August. The August issue will be given over entirely to the consideration of every phase of typhoid fever. The series will contain about 35 or 40 practical papers and will contain a large amount of valuable information.

NURSES GRADUATE.

The commencement exercises of the Protestant Deaconess Hospital Training School for Nurses were held May 23. The address to the class was made by Dr. Thomas B. Noble.

Mrs. G. E. Leggett spoke on "State Registration." The diplomas were presented by the Rev. Henry W. Vitz, president of the board of directors of the school.

The graduates were Maud Slaughter, Bessie Walker, Theresia Cornet, Augusta Hankins, Grace Gooding, Mabel Bent, Violet Boyd, Clara Bradford, Amelia Tauer, Emma Thompson, Anna Deterding, Christiana MacDonald and Nina Layne.

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DISEASE AND DEATH IN INDIANA IN APRIL.

The monthly bulletin of the State Board of Health just issued says: The most prevalent malady during the month was tonsillitis, and this was also the case in the corresponding month last year. Pneumonia was sixth in area of prevalence, and stood fourth in the corresponding month last year. The order of disease prevalence was as follows: Tonsillitis, bronchitis, rheumatism, influenza, measles, pneumonia, typhoid fever (enteric), pleuritis, intermittent and remittent fever, scarlet fever, diarrhea, diphtheria and membranous croup, whooping cough, smallpox, inflammation of bowels, erysipelas, typho-malaria fever, dysentery, cholera morbus, cerebro-spinal-mengitis, cholera infantum. Smallpox.—Ninety-one cases were reported from twenty counties, with one death in Howard County. Diphtheria.—One hundred and sixty cases were reported from twenty-one counties, with twenty-five deaths. Typhoid Fever.—Two hundred and eighty cases were reported from thirty-seven counties, with thirty-eight deaths. Tuberculosis.—Tuberculosis caused the usual slaughter. Total number of deaths were 424. Of this number, 195 were males and 229 females. Of the males, 36 were fathers in the age period of 18 to 40, and left 75 orphans under 12 years of age. Of the females, 77 were mothers in the same age period and left 161 orphans under 12 years of age. Total number of orphans made by tuberculosis in one month was 236. Total number of homes invaded, 399. In the corresponding month last year, 411 deaths were reported from tuberculosis.

Pneumonia.—There were 284 deaths from pneumonia against 386 in the corresponding month last year.

Measles.—Measles were unusually prevalent and fatal. The disease was reported as existing in every county and in some places it prevailed in exceeding epidemic form. Total deaths numbered 42. In the corresponding month last year, 3 deaths.

Total deaths for the month were 2,813, rate 12.7 per 1,000 per annum; 330, or 12.3 per cent of the total deaths, were under 1 year of age; 864, or 32.3 per cent, were 65 years and over. In the corresponding month last year the total deaths numbered 2,976.

A summary of diseases and deaths shows a better condition in the morbidity and mortality of the state in April, 1907, as compared with April, 1906.

CLINICAL NOTES FROM PHILADELPHIA.

Collected by Dr. R. O. McAlexander.

Dr. Deaver:

"I prefer silk or linen in complete hysterectomy. I have always used it and have had no difficulty from sinuses or stitch abscesses. I always use it in clean cases. I consider cat gut unsafe as ligature material."

"Don't ask me too many questions why I do things certain ways. The man is the happiest eating butter who don't know how it's made."

"In dealing with appendiceal abscesses which are walled off, I drain, and unless the appendix is easily accessible I prefer to do a subsequent operation to remove the offending organ."

"The pathology of the appendix has no limitations."

"The incision in appendectomy in chronic cases with a history of several attacks should be through the rectus near the outer border. It is through this incision that complications can best be dealt with. The McBurney incision is suitable for acute attacks on those giving a history of few attacks."

"I rarely irrigate the abdominal cavity, believing that it disseminates rather than limits infection."

"The place to study pathology is in the living subject at the operating table."

"Our success depends on getting into the abdomen quick, handle the viscera but little, do what is to be done quick, closing up quick."

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Dr. Price:

"Plastic surgery is a lost art—abdominal surgery has overshadowed it."

"General surgeons are extremely jealous of the special surgeon, and particularly the gynecologist. Because of this jealousy many are standing in the way of the complete recovery of their wives, sisters and daughters."

"You can prevent malignancy by good plastic surgery."

"Lacerated perinei and loss of sphinctar vaginae has resulted in many divorces."

Dr. Price believes in "simple life,, and in simple surgery. He does the most heroic surgery with a remarkable low mortality. His operating table is an oak board and he tells his visitors he will sell everything in his operating room for four dollars.

"Every hospital should be a clinical school for medicine and surgery. The present medical school as usually understood is poorly prepared to teach laboratory work leading up to these subjects, to say nothing of the subject themselves.

"The old woman's hospital of New York was the world's plastic school of surgery. Modern methods has robbed this branch of surgery of much of its teaching value, due to the modern appliances. House surgeons and internes do not have the opportunity for close observation of the work of the masters that they had before the days of the 'high tables and blind halters.'"

Dr. Rodman:

"I am an advocate of the old conservative method of removing the appendix." He divides the serous coat, pushes it back to form a cuff, ties the appendix with cat-gut, cuts it off, cauterizes with carbolic and alcohol. With one stitch covers over the stump with the serous coat and stitches the meso-appendix to this.

He uses horse-hair for closing the skin by continuous suture. He remarked that "the hairs from the blooded animals of Tennessee and Kentucky were the best." The doctor is a native of the last named State.

THE INDIANAPOLIS MEDICAL SOCIETY.

Meeting of April 16, 1907.

The Society was called to order in the clinical amphitheatre of the City Hospital by the President, Dr. Pfaff.

DIABETES MELLITUS.

The first case was presented by Dr. S. E. Earp. The patient was a male, aged 40, with typical diabetes mellitus. The man dated his trouble back to December, 1906, but previous to that time he had lost considerable weight. He exhibited the excessive appetite, the loss of weight, dry mouth, pruritus, etc., of this disease. Dr. Earp spoke briefly of the diagnosis, the possible explanations of the presence of sugar in the urine and the relation of the pancreas to the process. In treatment he has had marked success with Clement's solution of arsenic. Restriction to diet should not be carried to the extent of causing the patient to lose weight. Exercise is of value in diminishing the excretion of sugar by consuming the sugar in muscular activity. In this case five drops of Clements' solution three times a day and codeine with diabetic regimen constituted the treatment.

SPINAL CORD.

Dr. C. E. Cottingham presented two cases.

Case I. Male, aged 38, white. Fourteen years ago the man fell, injuring the back in the lumbar region, followed by complete paraplegia and anesthesia. Two months later a laminectomy was done and the cauda equina was found to be injured. The patient regained almost complete use of the legs. There remains now almost complete anesthesia of both legs, entire loss of reflexes and some

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muscular atrophy. Some time ago he had an infected wound on one foot which required a partial amputation, the latter being done without any anesthetic. There is a large scar on the buttocks caused by a bad burn received by the patient when he sat down on a hot stove, he being wholly unconscious of the heat. Tactile sensation is present but diminished and delayed.

Case II. Male, aged 36. Combined anterior and lateral sclerosis. Two years ago patient began to notice loss of sexual power and pain in legs with some little difficulty in co-ordination. About this time he suffered a severe wrench of the back which may have aggravated the trouble. Later he began to suffer pain in the back. One year ago he developed great weakness in the legs with jerking and loss of control. Two months later there was complete paraplegia, which still persists. Babinski's sign is present. Dr. Cottingham believes the cord is involved up to the middorsal region.

PYROSALPINX.

Dr. T. B. Noble presented a woman, black, twice married, one child. He detailed briefly the clinical history and exhibited the specimen removed by operation. From the history and the specimen he believes that there first occurred a prolapse of one ovary followed by its chronic inflammation and fibrosis, causing numerous retention cysts. She still had one good ovary and became pregnant. Later she became infected (probably by the gonoccocus) on the other side and developed a pyrosalpinx and pelvis peritonitis, rendering her completely sterile.

PATHOLOGICAL SPECIMEN OF BRAIN.

Dr. A. E. Sterne exhibited the brain of the patient he had shown at a previous meeting. The man had a cerebral hemorrhage and was operated on for decompression, but died in a short time with no improvement in his symptoms. Autopsy revealed a hemorrhage into the left lateral ventricle extending into the region of the fourth. He spoke of the difficulty of differentiating hemorrhages into the ventricle from those into the internal capsule and the similarity of the former to acute internal hydrocephalus. He also showed a section of the cord of another patient he had shown at a previous meeting. This man had some paralytic symptoms and also a large mass on the vertebral column in the middorsal region. He died rather suddenly and the autopsy revealed a large tubercular mass involving the vertebrae and bathing the cord in pus. Death was probably due to embolism. He regrets the operation was not done.

CANCER OF THE PENIS.

Dr. F. R. Charlton presented a man he had formerly shown with a cancerous penis and on whom he had operated. Recovery from the operations had been most satisfactory in spite of an extensive infection of the wound from a rectal sinus and great shock immediately following the operation.

Case II. Fifteen years ago this man had a wart on his penis which was removed and the foreskin amputated. Later he developed a sore which was evidently a cancer and fell into the hands of a charleton who used caustics freely and eventually destroyed the distal half of the organ. The man presented himself recently for a large mass in the groin which was removed. It was found to contain a large quantity of a peculiar caseous substance, the nature of which had not been fully determined. He believes the mass to be a late metastasis of the cancer in the inguinal glands. Aside from this the man is in excellent physical condition.

R. H. RITTER,
Secretary.

Meeting of April 23, 1907.

The Society was called to order by the President, Dr. Pfaff.

The regular order of business was passed and the program immediately taken up. Dr. Louis Burckhardt read the paper of the evening, entitled

HYPEREMIA AS A REMEDY.

Hyperemia as a remedy was the report of a case of infected wound of the leg due to the explosion of a cannon. It was

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treated successfully with the constriction bandage. Course of temperature was influenced by putting on and taking off of bandage. Active hyperemia produced by heat or secondarily by removal of Esmarchs bandage. Passive hyperemia produced by application of Biers bandage or cupping. The effects of hyperemia are relief of pain, absorption of products of inflammation, softening of scar tissue bactericidal and nutritive influences. Treatment of chronic inflammations like tuberculosis of bone applications of constriction bandages one hour in twenty-four hours, small incision of cold abscesses and cupping. Acute inflammation calls for application of bandage for twenty out of twenty-four hours. Limb may become congested but must not cause pain and pulse must always be felt. Excellent results in mastitis and gonorrheal arthritis.

Great possibilities in orthopedic lines as considerable pressure may be exercised without causing pain by the use of large cups admitting the whole limb. This treatment in connection with the opsonic vacinnation is likely to revolutionize our present views on the best methods in treating acute and chronic infections.

DISCUSSION.

Dr. J. H. Oliver called attention to the fact that this is a very old method. We are familiar with it in the form of hot application poultices, cupping, etc., and these have always given favorable results. The fact that a septic temperature can be reduced four degrees or more by a simple constricting band deserves attention and this simple process will probably revolutionize our treatment of septic and lacerated limbs, wounds, etc. He has had fine results in cases of ununited fractures and recalls one especially wherein he secured a firm union in three weeks by the Bier treatment, the skiagraph showing it then to be a lateral union. He is now using this method extensiely in surgical tuberculosis. He has had no experience with it in ankylosis.

Dr. T. V. Keene. The success of this treatment is due to the mere mechanical in the amount of blood determined to the part without sufficient pressure to cause the blood to leave the vessels. Pancoast's idea that "the efficiency of the Bier treatment is due to the increase of the opsonic substance in the part" is the true one. The opsonic treatment illustrates the point, in that it is carried out by injection locally and not generally, i. e., placing the opsonin in the diseased part itself.

Dr. R. H. Ritter referred to the great change that has taken place in the conception of inflammation and our attitude toward it in treatment. The Bier treatment is simply the application of the laboratory findings in actual practice, and fully justifies the immense amount of study and work along what is too often considered purely theoretical and impractical lines if any such justification was needed. We are prepared to say now that inflammation is a conservative and saving process. It is to be directed and not combated. It is a far broader complicated process than has been heretofore realized. He believes that to attribute all the value of hyperemia to the increased amount of opsonin is to disregard many known helpful powers of other constituents of the blood. The leucocytes not only destroy or remove the bacteria but they remove useless exudates, dead material, etc. The serum not only contains opsonin but it furnishes abundant nutrition to the connective cells so that they may proliferate and repair loss of tissue. Many other such provisions for the aid of the injured part might be mentioned. All of this should make us very loath to accuse Nature of errors, but on the other hand should stimulate the study of the more intimate physiology of the cells and their adaptation to unusual circumstances.

Dr. J. H. Payne. He has used the method for several years with much success, especially the hot air and elastic bandage in tubercular joints. In local troubles he uses a temperature of 400 degrees and for the entire body he uses about 300 degrees.

Dr. W. T. S. Dodds hails this as a welcome recognition of the laboratory work, but considers the opsonic theory as still

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to be established. He called attention to the other protective activities such as the antibodies, agglutinins, alexines, etc., which are in danger of being overlooked. many workers are not realizing Wright's claims. There is a positive danger in the use of the vaccines that should not be forgotten.

Dr. Guido Bell spoke of the extensive vocabulary now in use in the discussion of these questions. Ehrlich's side chain theory and terminology explains all these phenomena. He would emphasize the fact that alexines, etc., were not real physical entities but rather the expression of chemico-biologic activities. The whole process is simply a series of chemical reactions.

Dr. Burckhardt closed the discussion and the Society adjourned.

R. H. RITTER,
Secretary.

Meeting of April 30, 1907.

The Society was called to order by the President, Dr. Pfaff.

Dr. J. H. Oliver presented the following resolution, which was unanimously adopted:

DR. WM. B. FLETCHER.

"Again it becomes the sad duty of this Society to chronicle the loss of one of its members, in the death of Dr. William Baldwin Fletcher, which occurred at Orlando, Florida, on April 25. Dr. Fletcher was born in this city in 1837, and during the whole of his long and eventful life this city was his home. It would be a twice told tale to attempt to recite his many brilliant achievements, as a general practitioner of medicine, as an army surgeon and scout, a teacher in the old high school and in the medical colleges, as a legislator, as a specialist in mental and nervous diseases and superintendent of the Central Insane Hospital. In each and every one of these callings he was a marked success. His was the artistic temperament and his influence has been of untold value to this city, especially in its earlier and formative days. He was a charter member of this Society and its president and always stood for its righteous upbuilding. He was a scholar, a scientist, an artist, a medical idealist and above all 'a good man skilled in healing,' whose departure will cause universal sorrow. The sympathy of this Society is extended to the surviving members of his family."

Drs. Bell, Pantzer, Oliver, and Reyer paid personal tribute to the character of the deceased in the warmest terms.

The chair introduced Dr. Hugo Pantzer, who read the paper of the evening, "Cholecystitis," a review and translation of an extensive article by Kerr. (Abstract not furnished.)

DISCUSSION.

Dr. E. D. Clark said that there is no question as to the pathology once established. The treatment, he thinks, the vital question for discussion. In contrast to the claim of Kerr that 66 per cent recover, Moynihan says gallstones that have caused cholecystitis never (or rarely) become quiescent without a recurrence of symptoms. He doubts whether in many cases we can differentiate between suppurative, gangrenous and acute serious attacks. He believes the dangers warrant immediate operation and expressed doubt as to the value of heat in treatment, believing that the great area of flowing blood in the abdominal wall intervening between the hot application and the organs desired to be influenced will disseminate the heat with little or no effect upon the biliary organs. He cited the following case from his practice showing the impossibility of accurate differentiation and the lurking dangers. A man aged 24. Three months ago a gangrenous appendix was removed after which the man was normal until eight days ago when he suffered a severe attack of epigastric pain with a temperature of 105, a rapid pulse, followed by a complete subsidence of the fever and all symptoms on the next day. The day following there was a recurrence of the same symptoms, profound shock and death. Autopsy showed a necrosis and rupture of the common bile duct from an impacted stone.

Dr. Noble can not agree with Kerr that pain is due entirely to the inflammation. He holds to the belief in the mechanical

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or colic pain from the passing stone. He said we see such attacks without temperature, chill, leucocytosis, or other sign of infection, though these may follow consequential to the mechanical injury and the resulting nidus for infection, usually an erosion. This with biliary stones, he says, are the causes of cholecystitis in most cases. He believes with Dr. Clark that recurrence is the rule where quiescence has supervened and that the accurate differentiation and prognostication are impossible. He thinks the dangers of operation are not greater than those of resulting carcinoma, if unoperated, and gives as indications for operation symptoms dangerous to life or health of the patient. Complete exsection of the gallbladder is coming more and more in his favor as the operation of choice but he reserves his final judgment for the future.

Dr. Potter believes that the acute infectious fevers such as scarlet fever, measles, influenza and typhoid play an important part in the etiology of gallstones by causing first an infection of the gall-tract which may be mild and escape notice or may be more severe and recurring. He cited the case of a boy with measles followed by five or six attacks of cholecystitis in two years in which operation and drainage effected a cure, though no stones were present. He attributes many so-called bilious attacks to recurrent cholecystitis. He agrees that there may be purely mechanical pain. In treatment there can be only radical cure and that is operation. Medicine can only alleviate symptoms.

Dr. Pantzer closed the discussion and the Society adjourned.

G. B. JACKSON,
Secretary pro tem.

Meeting of May 7, 1907.

The Society was called to order by the President, Dr. Pfaff.

The applications of Dr. Robert Fischer, H. A. Helming and Dr. John S. Whitson were read.

PUERPERAL ECLAMPSIA.

Dr. C. E. Ferguson detailed the case of a primipera who consulted him early in her pregnancy and sent in specimens of urine regularly up to the seventh month. There was up to that time nothing abnormal. Because of a little inconvenience to the woman no sample of urine was given him after that time. He was called soon after labor began and found everything normal except that he was unable to make out the presentation by external examination. A provisional diagnosis of twins was made at that time. Labor progressed uneventfully to the completion of the first stage. Suddenly, without any warning whatsoever, the patient had a severe convulsion. Chloroform was administered immediately and as soon as assistance could be obtained the first child was delivered with forceps. The patient was then allowed to become partially conscious, but at once passed into another convulsion. The membrane of the second sac was then ruptured when the arm of the second child presented. Version was then done and the child delivered. There was a rather free bleeding which was allowed to proceed for as long as it was deemed safe. The perineum which had been badly torn was then repaired and the patient allowed to come out from the anesthetic. There have been no further spasms. The pulse has remained persistently above 100 and today, eleven days after delivery, is 110. The urine shows considerable albumin (10 per cent by volume today) and hyaline and granular caste. The patient is rapidly improving in every way.

Dr. E. D. Clark reported a case of blastomycetic dermatitis referred to him for surgical treatment by Dr. Brayton. Out of the less than ninety cases reported Dr. Brayton has seen seven. A paper upon this subject prepared by Dr. Brayton was read by Dr. Clark.

Dr. Pantzer reported three cases and exhibited the specimens. Case I was a uterus containing an intramural fibromyoma the size of a base ball. The cavity of the organ was large, the endometrium and the seat of corpóreal carcinoma.

Cases II and III. Gangrenous myomata. This paper appears in full in our original department.

Dr. R. O. McAlexander reported a case of a woman with a septum completely

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dividing the uterus and the vagina. The paper appeared in full in May issue of The Monitor.

CYSTIC OVARY AND SARCOMA.

Dr. T. B. Noble showed first a cystic ovary with the tube attached which had become twisted and caused the symptoms of acute obstruction of the bowel owing probably to its adhesion to the sigmoid.

Case II. The tube and unruptured chronic sac of an ectopic pregnancy at about the sixth week. The patient was taken suddenly ill and the attending physician diagnosed appendicitis. The tube was ruptured and there was considerable blood in the abdominal cavity.

Case III, a spindle celled sarcoma the size of a small cocoanut from the ovary of a girl twelve years of age. There had been no symptoms except the presence of a growing tumor. Recovery uneventful.

Dr. Heath reported a case of diabetic retinitis, which is a very rare condition. The patient had failing eyesight for more than a year. There were numerous white spots on the retina, the disc being unaffected.

R. H. RITTER,
Secretary.

Meeting of May 14, 1907.

The Society was called to order by the President, Dr. Pfaff.

The application of Dr. Earl Miller was read.

OPSONINS.

The Theory and Practical Application of Opsonins was the subject of two papers by Drs. J. V. Reed and H. S. Thurston.

Part I, by Dr. Reed, was a historical sketch of immunity. Phagocytic theory of Metchnekoff. Humoral theory of Ehrlich, Bordet, etc. Reconciliation of these two theories by Wright and Douglas.

Reaction on the part of the body following the entrance of foreign substances. Formation of lysins, agglutinins, percipitins, anti-toxins and opsonins. Relations of opsonins to phagocytosis. The opsonic index.

The formation of opsonins in acute and chronic infections. Nature of opsonins. Relations to other anti-bodies and anti-opsonins. Specificity of opsonins. Stability of opsonins.

Theory of opsonic index in diagnosis. Method of increasing opsonins by bacterial vaccines.

Part II, by Dr. Thurston, included the opsonic index technique. Practical application of index in diagnosis. Determination of organism causing infection.

Vaccines, preparation, standardation, dosage. The opsonic index as a control to dosage and frequency of injection. The negative phase. The positive phase. "High tide immunity."

Class of infection benefited by vaccine treatment with case reports, viz.: Tuberculosis, both acute and chronic; B. coli, gonococcus, pneumococcus, staphlycoccus infectitons.

Personal experience.

DISCUSSION.

Dr. C. E. Ferguson. The technique of opsonin estimation is very severe and the method will always be a difficult one of application. The discovery of the presence of opsonins has cleared up much of the debated ground between the old theories of immunity. The subject is by no means exhausted, as new facts are being brought to light every day. In the last number of the Journal of the A. M. A. it is reported from the Memorial Institute of Chicago that washed leucocytes will take up the bacillus to a certain degree, the section being much intensified by the addition of serum. The current journals are full of papers on this subject, dealing especially with the practical application of these bodies. The greatest claims right now are for the treatment of tuberculosis.

Dr. R. H. Ritter. When the extracts of some of the glands of the body were brought to notice a few years ago as remedial agents it was believed that we had arrived at a new stage of therapeutics. It was the triumph of physiology and physiological chemistry. The discovery of opsonins and their value in therapy is but another step in this line. It is the realization of the power of the organism to protect itself and the rational method

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of aiding it. The methods are complicated and not to be successfully followed by the tyro in microscopy. There is so much room for personal error that only the result of experienced workers are to be accepted. That such a body as the opsonin exists and that it may be developed and introduced into the system with great benefit is also definitely proven. There is still much to be learned. Whether there are any dangers attending its use and just what the exact are are questions still open to investigation. We may be in much the same position as we were when the X-ray was first attracting attention and was being recklessly used. There are possible errors in technique that are real and apparent and those should not be overlooked. The literature is so full at the present day of the discussion of this question and the terminology is already so mixed that it is somewhat difficult for any one who has not followed the literature to get a clear conception of the subject. This whole subject is but one more link in the chain of facts discovered about the workings of the higher organisms which has so modified our conception metabolism, inflammation, etc. We are in some real danger of forgetting the other factors in immunity and the resistance of injury. While this new knowledge means the permanent retiring of some of the older methods of treatment such as the strong, corrosive antiseptics, we should not be hasty in casting off these former things that have proven their merit. The opsonic reaction justifies the position of those who have persistently used the tuberculin in the treatment of tuberculosis. We know now that the cause of the failures and the disastrous effects in some cases in times past have been due to too large and too frequent doses. The negative phase of the opsonic index was constantly intensified. The speaker believes that the methods will be much simplified and perhaps in time the clinical conditions will be sharply marked enough to do away with the necessity of repeatedly determining the index.

Dr. Keene compared the difficulty of the technique here with the simple task of preparing the ordinary antitoxins. On the other hand these vaccines may be made in a few hours, while with diphtheria and tetanus antitoxins it is a matter of weeks and months and even then the attempt not infrequently ends in failure. He spoke of the difference of the tuberculin of today which is a sterilized, dried, triturated culture of the tubercle bacillus and the older forms of this substance. He had had the privilege and pleasure of hearing Dr. Wright deliver his lectures at Johns Hopkins.

Dr. Wynn spoke of the richness of and the excitement which was comparable to that when tuberculin was first introduced. He has not made any attempt to familiarize himself with the technique. That the claims for this theory are based on proven facts is demonstrated by the character of the men who are reporting results. These are conservative men who are not given to chasing fancies. In our enthusiasm we must not neglect the older therapeutic measures of value. There is a very positive danger in the preparation and injection of these vaccines. We are dealing with dangerous organisms and the least error in perfect sterilization might easily cost a life.

Dr. Brayton read an appreciative tribute to Dr. Wright from an English journal written on the occasion of the conferring the peerage on Dr. Wright.

Dr. A. E. Sterne referred to Koch's experience in his investigation of the value of tuberculin when he was forced to prematurely publish his work. He believed that the experience of over enthusiasm, then, will be of value to us at the present and there will be no loss of balance. He believes that in time the technique will be perfected and simplified and the vaccines will be commercial articles.

Dr. Potter. A great step forward has been taken. For the first time we have some method of absolutely determining the question of immunity. No one can deny the validity of the claim for the positive value of the opsonic index. He spoke of the history of tuberculin. An increasing number of men are using it not only for diagnosis but for treatment. It was formerly that there was no immunizing or self limiting feature about tuberculosis, but we have now demon-

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strated that there s some. It is the opinion of Wright and others that the opsonic index should be held up in this disease for a long time. Trudeau and others maintain that in treating tuberculosis it is only necessary to determine the index at the start of the treatment and occasionally during its continuance, depending almost wholly on the clinical manifestations for the dosage.

R. H. RITTER,
Secretary.

A FINE DISCRIMINATION.

A Chicago lawyer tells how the most popular man in a Nevada town got into difficulty with a disreputable tough—for a long time the terror of the place—and proceeded to "do him up" in a manner entirely satisfactory to the community at large. It becoming necessary, however, to vindicate the majesty of the law, the offender was brought up for trial on the charge of assault and intent to kill. The case soon went to the jury. when they had been out about two minutes they returned.

"Well, gentlemen of the jury," asked the judge, in a familiar, off-hand way, "what have you to say?"

"If it please the court," responded the foreman, "we, the jury, find that the prisoner is not guilty of strikin' with intent to kill, but simply to paralyze, an' he done it."

So the prisoner was acquitted amid applause.—April Lippincott's.

MEAT AND DRINK TO HIM.

Professor William Lyon Phelps, of Yale, recently told this story at New Haven's Chamber of Commerce banquet. A hard drinker was told by his doctor that he could be cured if every time he felt that he must have a drink he would immediately take something to eat instead.

The man followed the advice and was cured, but the habit of asking for food had become so fixed with him that once he was merely locked up as a lunatic. He was stopping at a hotel, and, hearing a great commotion in the room next to his, he peeped over the transom to see what the matter was. He saw, and rushed madly down to the office and shouted to the clerk: "The man in 153 has shot himself! Ham and egg sandwich, please!"

—April Lippincott's.

A NEW TRUST.

"This puts an end to my career,"
Said Cupid, scowling in disgust;
"Some enterprising financier
Has organized a great Heart Trust!

"Now must I hang my quiver up,
And let my bright-tipped arrows rust;
Despair and sorrow fill my cup—
They've organized a great Heart Trust.

"How eagerly the men will flock
When such reports as these are heard;
'Flirtatious hearts are common stock;
Faithful and Loyal hearts preferred.

" 'Chicago bold advance has made;
Boston showing a decline;
For foreign hearts large sums are paid;
The Southern peach crop's very fine.

" 'In Spinsters there's a sudden lull;
Widows show hardening tendency;
Matrons are steady, firm and dull;
Husbands are acting bearishly.'

"Ah, well," said Cupid, "I've no fear;
For every Trust must have its day:
And when it fails,—I'll be right here
To run the game my own old way."

—*Carolyn Wells* in the May DELINEATOR

JUST INSIDE.

"I notice," remarked the frequent guest, "that your plump waitress is no longer here."

"Ah, but you are mistaken, my friend," replied the cannibal chief, as he tasted the stew with peculiar relish.

—April Lippincott's.

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NAKED TRUTH.

Francis Wilson tells of an encounter of wits that took place between the late Eugene Field and a New York woman.

It was at dinner, and the woman was in evening dress, which was rather decollette. After a skirmish between the two relative to the respective merits of a well-known author, it would seem that Field came off second best.

"Oh, Mr. Field," exclaimed the woman exultantly, "you must admit that you are fairly beaten at your own game!"

Field bowed politely, and with a smile promptly rejoined: "At any rate, Miss Blank, I have one consolation: you can't laugh at me in your sleeve."—June Lippincott's.

COBWEBS.

I passed the fairies' gypsy camp
Beyond the wood at dawn,
And saw their filmy garments spread
To bleach upon the lawn.

White in the rosy glow of morn,
Dew-dampened and sun-kissed,
Upon the green each lacy piece
Lay like a bit of mist.

—Frederick Fairchild Sherman in June Lippincott's.

SO MANY?

They went to dinner together. He was very bashful, and she tried in vain to draw him out. Finally she began to talk books, and he became responsive. "And Hugo?" she asked. "Do you like his style?"

"Oh, yes," he replied; "I find him intensely interesting. I've read a number of his books."

Then she asked, "Have you read 'Ninety-Three'?"

"No, I've—er—only read three. I didn't know he had written so many."—June Lippincott's.

THEY WERE N'T ROOSTERS.

A certain childless woman moved to the suburbs and devoted herself to the raising of poultry. A witty friend went out to spend the day, and was shown a fine lot of young chickens.

"These," said the mistress of the place (a la Cornelia)—"these are my jewels."

"And I suppose some day you'll have them set," responded the visitor quickly.

—June Lippincott's.

COLLEGE DAYS

There was once a Yale Sophomore who, as many college men do, found himself in financial straits and pawned all his good clothes. A little before Thanksgiving he got a big check from home.

When he got home for the holidays the first thing his mother took out of the trunk was an overcoat and on it was pinned the pawnbroker's ticket he had forgotten to remove.

Hastily grabbing the ticket, he said: "Hello! They must have forgotten to take this off at the Smith dance when I left it in the cloak-room."

A moment later his mother took out his evening trousers. They also had a ticket on them.

"Why, Reginald," she said, "surely you didn't leave these in the cloak-room too, did you?"

—June Lippincott's.

A SUMMER CYCLE.

A boat and a beach and a summer resort,
A man and a maid and a moon;
Soft and sweet nothings and then at the real
Psychological moment a spoon.
A whisper, a promise, and summer is o'er,
And they part in hysteric despair
(But neither returns in the following June,
For fear that the other is there).

—Nelle Parker Jones in June Lippincott's.

TIME.

I saw a happy spirit
That wandered among flowers;
Her crown was a rainbow,
Her gown was wove of hours.

She turned with sudden laughter,
I was, but am I now!
And as I followed after
Time smote me on the brow.

—Finoa Macleod in The Academy.

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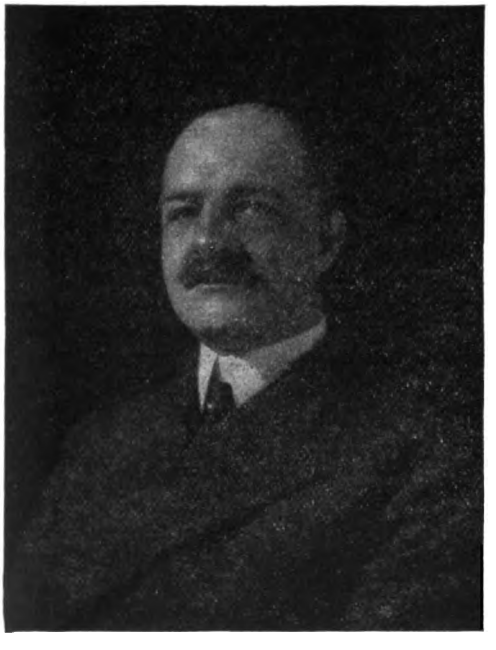
All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 328 N. Delaware St., Indianapolis, Ind.

FRANK G. RYAN ELECTED PRESIDENT OF PARKE, DAVIS & CO.

(Reprinted from the Bulletin of Pharmacy, May, 1907.)

The presidency of Parke, Davis & Co., left vacant by the death of Theodore D. Buhl, has been filled by the advancement of Vice President and Secretary Frank G. Ryan—an announcement which will be greeted with pleasure by Mr. Ryan's numerous friends throughout the country.



MR. FRANK G. RYAN,
Elected president of Parke, Davis & Co. just after returning from a trip around the world.

Mr Ryan was so ideally equipped for this great position that he began to march towards it with what is now seen to have been almost predestination, as soon as he joined fortunes with the house seven years ago. He left the faculty of the Philadelphia College of Pharmacy in the spring of 1900 to become chief pharmacist of Parke, Davis & Co. At the end of three years he had made himself so valuable in the councils of the house that he was elected to membership on the board of directors. A year and a half later he was given the important post of secretary. Six months later still he was elevated to the vice-presidency. And now, after barely another year, he is given the very highest position within the gift of the house, and, one might say without fear of contradiction, the greatest and most responsible position yet created in the drug trade of the country.

Born in 1861 in Marcellus Falls, New York, Mr. Ryan was educated in the public schools of Elmira, and then spent three years in the well-known pharmacy of Brown & Dawson in Syracuse. In 1882 he entered the Philadelphia College of Pharmacy and was graduated two years later at the age of 23. Two or three years were next spent in various Philadelphia stores, and then he was made assistant professor of pharmacy in his alma mater. In 1898 he was given charge of the course in commercial training then established in the P. C. P., and in the meantime he had been made lecturer on pharmacy in the Woman's Medical College of Philadelphia. In June, 1900, Professor Ryan resigned all his connections in Philadelphia and went into the house of Parke, Davis & Co.

The secret of a man's success is never easily analyzed, but it may be said of Frank G. Ryan that he represents that rare, that ideal combination of technical knowledge and experience on the one hand, and business grasp and executive ability on the other. These qualities are all but incompatible, and he who unites them successfully has discovered a philosopher's stone. As president of Parke, Davis & Co., Mr. Ryan will be capable of understanding thoroughly every scientific detail of the vast business now confided to his care, and he will also exhibit that larger vision and that greater capacity

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for administration which will carry the house forward to conquest even more brilliant than those which have registered in the past.

Mr. Ryan, accompanied by his daughter Helen, had returned from a seven months' trip around the world only a week or two before his election to the presidency. His main object was to further the interests of his house in Japan, China and India, but he also visited Manila, Ceylon, Egypt, Paris and London. In Manila an agency was established, which adds another to the considerable list of foreign branches now conducted by the house. In London, on his way back, Mr. Ryan was the guest of honor at two banquets attended by men prominent in British pharmacy and medicine, and when he landed in New York he was greeted at a large reception held at the house of Dr. Jokichi Takamine.

SANMETTO IN PROSTATIC IRRITATIONS, URETHRAL AND BLADDER TROUBLES.

I have used Sanmetto extensively in my practice in prostatic irritations, urethral and bladder troubles, and am well pleased with the results obtained. In cases where the drug is indicated I always feel confident of obtaining good results. J. A. DOWNEY, M. D.

Logansport, Ind.

SANMETTO IN PROSTATITIS, CHRONIC CYSTITIS AND ENURESIS.

I have had a very large experience with Sanmetto in prostatitis so common in old men, also in chronic cystitis in both sexes, and find it prompt, efficient and reliable in these and in all other cases of irritability of the genito-urinary organs. Have also used it with great satisfaction in enuresis. In fact, I think it will cure any case where no mechanical cause exists. EDW. J. LIBBERT, M. D.

Aurora, Ind.

THE SCHOOL-ROOM AS A FACTOR IN DISEASES OF YOUNG GIRLS.

There is no disguising the fact that our system of imparting knowledge by imposing excessive intellectual labor and stimulating competitive zeal in the school-room is very largely responsible for most of the nervous disorders of the young women of today.

That sustained mental exertion is a menace to the health of girls at the age of puberty, there can be no denying. Yet that is precisely the system in vogue at our institutions of learning at the present time.

While it is true that modern architecture has greatly improved the hygienic condition of the study-rooms, it is highly probable that the present rush and hurry methods of instruction are even more injurious to the physical state of our young women than was the faulty system of ventilation, until recently endured.

The worry and excitement attendant upon present-day school life is, undoubtedly, the prime cause of a governing percentage of the neurotic disturbances which are so prevalent among the women of America. In fact, it is quite within the bounds of truth to assert that many of the diseases which present themselves to the gynecologist have for their origin a nervous system rendered bankrupt by strife in our temples of education.

Mental over-strain, when enforced day after day, soon renders the nerve structure incapable of absorbing adequate nourishment from the blood stream. Ultimately, nervous vitality is almost completely exhausted and depression, gloom, languor and mental impotence ensue.

As the taxation is extended, the condition grows worse until anemia, anorexia, insomnia, melancholia, and, perhaps, hysteria develop.

Inasmuch as it is not within the power of the physician to remedy this evil system of handling our young women, it remains for him to evolve means of attenuating, as far as possible, the injury done, and preventing the development of lasting diseases which have their origin in the shattered nervous system.

This is best accomplished by the upbuilding of the psychical and physical resources of the individual. Not by the employment of stimulants which act, ephemerally upon the organism, but by encouraging functional activity to its

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maximum degree consistent of course with normality.

Obviously, this must be done by maintaining the entire digestive system at its proper standard, for it is through these channels that vital force is obtained and the wellbeing of the economy is preserved.

It is not consistent with logic to achieve this end by resort to the employment of those agents which relieve the digestive secretions of their special provinces. On the contrary, it is the very extreme of indiscretion to encourage dependency of the gastric or intestinal fluids, or to aid them in the performance of their duties beyond very circumscribed limits.

Quite the most rational course to pursue is that of extending to Nature gentle, but ample, encouragement through the administration of an agent which is capable of bringing functional activity to its highest point without entailing the necessity of prolonged drugging. It is supremely important that the drug be one that can be withdrawn without leaving the economy disqualified to maintain a normal fund of vital force.

It is here that iron is of the greatest therapeutic use. Not only does it impart to the blood stream a full measure of nutrition-conveyors in the form of hemoglobin, but it substantially increases the capacity of the tissues to absorb and utilize the nourishment placed at their disposal by the circulatory system.

Further, iron, when administered in the proper form, augments functional activity throughout the entire digestive apparatus, and, thuswise, enables the economy to secure the full benefit of the food supply. To this action of the drug is due the greatest profit to the individual resulting from its use.

The objections applicable to some forms of iron gain added importance in this particular class of cases, for the reason that the peculiarities of the disorders under consideration are such as to be greatly aggravated by an improper form of iron.

Chief among these peculiarities is constipation, which is invariably a disturbing factor. The existing constipation is easily made worse by both the carbonate and acid solutions of iron; and, in fact, these forms of the drug are notably stool-discouraging. Digestive processes are also depressed by these forms of iron, and headache frequently follows their use.

Partly because of these objections, but mainly on account of its manifold advantages, Pepto-Mangan (Gude) is given the preference over all other forms of iron, and a mass of clinical data has been brought forth to sustain this opinion. Pepto-Mangan (Gude) is of the greatest aid in the treatment of all the ill-defined disorders commonly encountered among school-girls who exhibit a tendency to anemia, nervous debility, anorexia, moroseness and mental depression.

Obviously, this general emphatic endorsement of Pepto-Mangan (Gude) by the most exacting members of the profession is based upon a critical analysis of its therapeutic advantages over the ancient forms of iron.

In a paper on "The Medicinal Treatment of Hemorrhoids without Surgical Intervention" (Therapeutic Medicine, January, 1907), Dr. M. R. Dinkelspiel says that he regards non-operative treatment indicated in incipient forms, when the hemorrhoids are secondary to other diseases, as hepatic cirrhosis, tumors, etc., and when the hemorrhoids occur in aged individuals who can not safely undergo operation.

Constipation is a most potent cause; and it must be cured, the defecations being so arranged that they occur at night, as the subsequent rest relieves engorgement.

Locally, cleanliness is of primary importance; the parts should be washed with witchhazel solution, of which 1 or 2 ounces may also be injected into the rectum. Of late he uses the bismuth iodoresorcin-sulphonate suppositories (anusol), which relieve the congestion and inflammation and liquefy the feces. When there also exists external inflammation, he slightly warms a suppository and gently anoints the parts. Under this treatment he has seen many cases recover without recurrence.

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Dr. Fred. C. Thum, formerly Demonstrator of Anatomy at the Kentucky University, Louisville, writes on "Subacute Alcoholic Hepatics," a form intermediate between the acute hepatitis from a single protracted spree and the chronic hepatitis from long years of alcoholic excess. Calomel, podophyllin, etc., are not of very great use. Strikingly effective are pills consisting of salicylic acid, acid sodium oleate, phenol-phthalein and menthol (probilin). They increase biliary secretion and render the bile sterile, thus inhibiting the inflammation in the hepatic structures.—Abstracted from Medical Progress, February, 1907.

TREATMENT OF ECZEMA WITH YEAST.

(By Dr. R. E. T. Rhames, Boston, Mass.)

The old remedy, yeast, is finding a very general application by dermatologists in the treatment of a variety of skin affections. According to Prof. R. Ruse (Folia Therapeutica, January, 1907), it is erroneous to suppose that yeast owes its properties only to its setting up fermentation, for this authority found that it possessed many of its properties when the enzymes were destroyed by heat. He isolated from yeast a fatty substance which he calls ceredine, which internally and externally has been found very effective against acne.

Yeast in itself is disagreeable to use internally or externally, and one of the best preparations on the market is known as cerevisine, the dry spores of "saccharomyces cerevisiae." This preparation contains the enzymes, and I am of opinion, in spite of the investigations of Prof. Ruse, that the enzymes of yeast influence or stimulate the phagocytes and thus indirectly destroy the micro-organisms which are responsible for boils and some eczemes.

I recently had occasion to try cerevisine in a chronic case of eczema which is worthy of record. Mr. C. H. L., clerk by profession, suffered from a dry eczema of the face for nine years and all remedial agents seemed to have been useless, whether given internally or applied locally. As far as I was able to discover, there was no syphilitic history. I recommended the local application of hydrogen peroxide immediately followed by a dressing of cereviscine and applied to the affected part twice a day. Patient's face was very red and swollen and the scales made him so unsightly that he was obliged to cover a portion of his face with a bandage. Continuation of this treatment was followed within a fortnight with an almost complete removal of the eczematous condition, and I have not found it necessary to repeat the treatment.

GASTRIC IMMOTILITY.

A large proportion of all cases of indigestion are the result of weakness of the muscular walls of the stomach. Insufficient motility is followed by dilatation and this by excessive fermentation of the ingested food.

To overcome the presenting condition it is urgently necessary to increase the muscular activity of the stomach walls, and it is well known that this is one of the most valuable properties of Gray's Glycerine Tonic Comp.

Increased activity of the muscles of the stomach means improved circulation, and this in turn exerts a beneficial influence on the secretory functions. Thus, excessive fermentation and other distressing symptoms are logically overcome with actual instead of temporary improvement in the whole physical condition.

EXPERIENCE, NOT THEORY, COUNTS.

In the February number you printed an abstract of my reported experience with your hypnotic anesthetic (hyoscine, morphine and cactin comp. Abbott).

Since using the hyoscine, morphine and cactin tablets in a number of different cases I would not be without them. They are valuable in obstetrical as well as surgical work, and in many other cases where morphine or hyoscine is needed. The hyoscine prolongs the rest so well in pain cases that a second dose of morphine is not needed nearly as often.

At the same time there appears to me unjust and unfair communication in

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The Journal of the A. M. A. on the subject, with which I most emphatically do not agree.

I do not wish to take back a word which I have said; but I have something to add. Anyone who has used morphine much knows that, although usually one has little worry from its use, occasionally alarming symptoms arise, owing to an idiosyncrasy against the drug. So, in a morphine compound like this, we must expect annoying symptoms to occur at times.

In using hyoscine, we now and then get marked cerebral excitement instead of the usual nice sleep. In such cases the face is much flushed. I have observed this several times, and I have always been particular whose pharmaceuticals I use. At times I make my own tests, to insure purity, so I know the excitement was not due to atropine or atroscine.

Recently, in an obstetric case, I injected one-half of one of your tablets. Following its use rather marked cerebral excitement occurred. It did not worry me, but to pacify the family, I had to administer chloroform somewhat earlier than I usually do.

This will not discourage me in its use, but had the occurrence happened with one not familiar with the action of hyoscine, he would have been much alarmed.

I believe we must be conservative in using this compound, as we are with any other hypnotic, analgesic or anesthetic (and this is the three combined) or any other drug which brings our patient near the danger line. J. W. ROBINSON.

McCammon, Idaho.

MEMORIAL DAY.

On their swords the red rust
On their graves the red roses:
Like old Tate, turned to dust,
On their swords the red rust,
While Love blooms, as it must;
So this day-dawn discloses
On their swords the red rust,
On their graves the red roses.

—Margaret Root Garvin in May Lippincott's.

THE SURGICAL BUTCHER

A Liverpool lady had given her butcher her daily order over the telephone, and later in the day decided to change it a little and countermand an order she had given for some liver.

Ringing up her butcher she said:

"You remember that I gave you an order for a pound of liver a while ago?"

"Yes," was the reply.

"Well, I find that I do not need it, and you need not send it."

Before she could put down the receiver she heard the butcher say to some one in the shop: "Take out Mrs. Blank's liver. She says she can get along without it."

USELESS QUESTIONS.

Owen Wister, the novelist, who hates long-winded preambles and useless questions, tells this story:

"A man stood before a mirror in his room, his face lathered, and an open razor in his hand.

"His wife came in. She looked at him and said:

" 'Are you shaving?'

"The man, a foe to surplusage, replied fiercely:

" 'No; I am blacking the kitchen range. Where are you—out driving or at a matinee?' "—Detroit Journal.

TRAUMATIC NEUROSIS.

P. Zenner, Cincinnati (Journal A. M. A., April 13), gives accounts of several cases of traumatic neurosis and discusses the condition. In diagnosis the main point is to determine if organic disease is not also present, as it may be, though the symptoms elude us. In case of litigation the question of simulation arises, and Zenner agrees with the majority of neurologists that while single symptoms may be simulated, a complete clinical picture rarely, if ever, is. Little is established as regards the pathology, but mental shock and a neuropatic predisposition are the most important factors in the pathogenesis. The prognosis is not always good; 25 per cent of Putnam's cases remained more or less permanently invalided and quick recovery was rare. Knapp's figures are more unfavor-

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able; improvement occurred in not more than one-half of his cases. Litigation has an unfavorable effect, but Zenner does not consider it often the cause of the disorder. The treatment is in general that of neurasthenia and hysteria, and Zenner specially emphasizes the value of cheering mental impressions, removal from depressing environment, and, particularly, from association with emotional and anxious friends, and if litigation is demanded it should be kept in the background of the patient's consciousness as far as possible. He agrees with Oppenheimer that, while work may be curative in mild cases, in the severer ones the patients should do little or no work. Each case must be studied by itself as regards this point.

ACCIDENTAL PLAGUE INOCULATION.

P. C. Freer, Director Bureau Science, Manila, P. I. (Journal A. M. A., April 13), gives an account of the accidental inoculation with plague of a number of Philippine natives which occurred in the course of a very successful series of anticholera vaccinations. The cholera vaccine that had been used consisted of an extract of the killed, digested and filtered organisms, later modified to a mixture of such an extract with one obtained by shaking—in a machine—the living organisms in distilled water and then filtering. The reaction that follows the use of this vaccine is less severe than that frequently following smallpox vaccination, and yet a high degree of blood immunity is produced. It being thought desirable to test the method recommended by certain German authorities of using the whole organism and not its extracts, it was necessary for this purpose to inoculate immediately with a mixture of fresh twenty-four-hour cultures in saline solution, and inoculations were made for several days without accident. It is supposed that on the day that the accident occurred some unknown person misplaced a tube of virulent plague culture, which closely resembled the cholera cultures, among the latter, as such a tube was found missing from the incubator in which the plague cultures were. The matter was thoroughly investigated and these facts developed. It must be understood that the regular antocholera vaccine had absolutely no connection with the accident, the mixture responsible being an altogether different thing. Its microscopic examination revealed no plague bacilli, but guinea-pig and monkey inoculations were followed by the disease.

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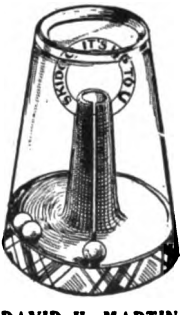

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This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession as a whole. An earnest invitation is extended the Medical Profession of America for contributions. The Editor assumes no responsibility for the views of contributors.

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ORIGINAL COMMUNICATIONS.

THE BLOOD OF THE ANEMIAS.*

By George L. Chapman, M. D., Indianapolis.

One can truly use Pasteur's epigram, "I do not know—I will investigate," for with all the research on the physiology and pathology of the blood, many whys and wherefores are still to be explained.

Accordingly it is necessary to combine blood examinations with physical findings to obtain a satisfactory diagnosis in anemic conditions.

The following general statement may be made of anemia: a blood condition which is deficient in hemoglobin and lacking in the formation of rouleaux.

Classification forms a problem due to the incomplete knowledge of the great frequency and polyform character of the anemias; still a number of types may be used as a working basis.

A primary anemia is a form of anemia in which the cause is either unknown or there is no sufficient pathological change found to account for it. Chlorosis and pernicious anemia are classified as such.

A secondary anemia may be defined as a form of anemia, which is the result of some recognizable pathological change or lesion. Secondary anemia may be caused by an actual loss of blood, from diminished and defective nutrition and from increased consumption or loss of albumin. It may therefore result from severe hemorrhage, wasting diseases such as phthisis, cancer, syphilis, malaria, intestinal parasites, nephritis, chronic liver disease and other causes.

Anemia may be due to a deficiency in red blood corpuscles or of hemoglobin, or of both. It is of great importance to note the relation between the reduction in the number of red corpuscles and per cent amount of hemoglobin, and it is at once obvious that there are three possible types which may occur from this standpoint. First. A much greater reduction in the per cent amount of hemoglobin than in the number of red corpus-

*Read before the North Shore Branch of the Chicago Medical Society.

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cles, viz., with 3.500000 (70 per cent) red corpuscles to 25 per cent hemoglobin. The color index being considerably under 1. This is the chlorotic type of blood.

Second. A very great dimunition in the number of red corpuscles, with a relative higher per cent amount of hemoglobin, e. g., 1.000000 (20 per cent) reds and 25 per cent hemoglobin. The color index being therefore above 1. This is the pernicious anemia type.

Third. An equal or approximately corresponding reduction of the number of red corpuscles and per cent amount of hemoglobin; e. g., 2.500000 (50 per cent) red corpuscles and 45 per cent hemoglobin. The color index being just under 1. This is the secondary anemia type.

Marked per cent increase in hemoglobin after radical operations signifies invariably a successful removal. The anemia of sarcoma has usually a lower per cent hemoglobin than that of carcinoma. The continued decrease in per cent hemoglobin despite of treatment is of grave prognosis. Surgical operations of any kind demanding complete anesthesia undertaken with a per cent hemoglobin below 30 are exceedingly serious. Forty per cent is the border line of reasonable safety.

The condition of the red corpuscles individually forms a very important accessory means of differential diagnosis of the anemias, especially so as to a prognosis.

Poikilocytosis appearing early in an anemia would signify a pernicious type. While common later in the severe forms it is an indication of possible grave consequences.

The chlorotic type is divided by means of this condition into three distinct groups by some authors. First. Absence of poikilocytosis but per cent increase in lymphocytes.

Second. Presence of poikilocytosis.

Third. Presence of poikilocytosis and a per cent increase in the lymphocytes.

Anisocytosis is a condition common to most anemias, and its intensity is of some prognostic value. The presence of microcytes and megalocytes means poikilocytes are never wanting. Megalocytes in some respects are more important than megaloblasts. They are easier found and persist long after the megaloblasts in an improving case of pernicious anemia.

Erythroblasts or nucleated red corpuscles include microblasts, normoblasts and megaloblasts. The megaloblasts are constantly found in pernicious anemia; indeed they are pathognomomic of this condition when red count is 3.000000 or less; sparingly in secondary forms and chlorotic anemias, where they would denote severity.

The presence of normal sized neucleated reds in pernicious anemia and chlorosis gravis are of favorable omen. They indicate that the bone marrow is active in regenerating; blood crisis a sudden inundation of the normoblasts is of the same significance, especially so in acute conditions following severe hemorrhage (operative or accidental). Again the disappearance of the normoblast is of grave consequence in severe anemic conditions.

The occasional appearance of granulated and pigmented red corpuscles (polychromataphilia) in the severe anemias brings forward the possible error of mistaking them for malaria plasmodium. They represent a degenerated corpuscle produced in all probability by the altered chemic composition of the blood. The interesting histological condition of megaloblasts with their nuclei showing keriokinetic changes is also a degenerative condition. It denotes sluggishness, in which embryonic reversion of the bone marrow exists.

The differential count of the leucocyte forms another interesting and important aid in both designating the type of anemia and in prognosis.

In simple primary anemia the per cent amount of leucocytes is usually normal, say 7500; if changed at all the multinuclear are slightly increased and the uninuclear decreased. Osler mentions a possible means of differentiating a simple chlorosis from a beginning tuberculosis by a per cent increase in the multinuclear and accompanying normal or slightly higher color index of the tubercular process. Severe secondary anemias can

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readily be distinguished from the pernicious by the per cent increase of the multinuclear and per cent decrease of the uninuclear leucocytes of the former, and the per cent decrease of the multinuclear and per cent increase (relative) of the uninuclear (lymphocytes) of the latter condition.

A starting leucocytosis (neutrophilic) in pernicious anemia indicates a favorable change. A leucopenia may be expected in severe pernicious anemia and chlorosis gravis and shows a deficient leucogenetic process. Again a progressing per cent increase in the lymphocytes in either of the above points to a possible developing lymphatic leukemia or equally unfavorable approaching demise.

The myclocyte is a pathological leucocyte found sparingly in the severe anemias. It is a degenerate neutrophile and shows a disturbance in the leucogenetic process. It is more common in myclogenous leukemia.

Secondary anemia with a tumor, in which an increase in lymphocytes is present, points to a sarcoma.

A marked poikilocytosis, numerous erythroblasts and low per cent hemoglobin occurring in an anemia of a carcinoma or sarcoma contraindicates a successful removal of the same.

Some relation between primary pernicious anemia and subsequent development of carcinoma. Often there is found post mortem a small scirrhus of stomach or of other organ which has been diagnosed a pernicious anemia. Indeed it is hard to say which one is here precedent.

The absence of a normal physiologic digestion leucocytosis would suggest a cancer of the stomach, or at least some serious organic or functional disease of this organ. Digestion leucocytosis is much less in chlorotic, pernicious and severe secondary anemias than in health and in some individuals doesn't occur. This blood phenomenon is not now given the stress it formerly held.

Secondary anemia of suppurative and allied processes have a multinuclear leucocytosis. The failure of the above, with definite clinical signs of pus or gangrene, must never stay the surgeon's hand, for the resistance may be so low or the virulence of infecting micro-organisms so great, that death may occur before a leucocytosis develops. Here the opsonic index is very low.

The hypothesis of Arneth, that the more nuclei in a neutrophilic leucocyte, the greater the phagocytic power of the same. A nuclear count of the polynuclear leucocytes would then be of corroborative value as to prognosis and diagnosis in acute and chronic septic anemias. It would also assist in forming a opsonic index. Time and further research will determine its real value. Usually following a hypodermocylsis or proctolysis an increase of the number of nuclei of the neutrophiles is observed.

The iodophilic reaction of the neutrophilic leucocytes is due to a toxemia, either bacterial or chemical, and shows a leucocytic degeneration. It is more trustworthy than leucocytosis as a sign of infection. It is corroborative in value and is constant in cryptogenic sepsis, pneumonia, etc., malignant disease, grave anemias and severe cachexias.

The coagulability is of interest. In the milder forms of chlorosis and many secondary anemias, where rapid coagulation can be expected, with the formation of thrombi in the extremities and cerebral sinuses.

The increase in fibrin or coagulability of the blood in inflammatory conditions, together with the increase in the blood platelets makes a differentiation between pus and malignant diseases. The latter may have a leucocytosis, but no increase in fibrin or blood platelets.

The opsonic theory of Wright brings forward a means that will undoubtedly assist in the solution of many problems of the anemias.

The accompanying excellent chart compiled from the extensive investigations of Dr. H. Strauss and R. Rohnstein shows how difficult it is to classify or group the anemias by hard and fast lines.

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CHART FOR DIAGNOSIS OF THE ANEMIAS

By H. Strauss and R. Rohnstein

Translated from the German for The Monitor by Dr. Geo. L. Chapman

Form of Anemia.	No. of Red Corpuscles.	No. of White Corpuscles.	Erythroblasts.	Poikilocytosis.	Anisocytosis.	No. of Red Cells to a White.	Leucocytes.		Color Index.
							Multinuclear.	Uninuclear.	
Krypto-genetic pernicious anemia	Always pronounced reduction; immediately before death likely to be under 1,000,000	Reduced in the majority, occasionally normal, rarely distinctly increased	Mostly present, often very plentiful, rarely entirely absent; also normoblasts and megaloblasts	Always present, rapidly developed in a typical form	Always present in a very marked degree; macrocytosis pronounced	Very low, often under 100, rarely reaches to (1-2) one-half of normal	% always diminished	% always increased, the increase chiefly with the lymphocytes	As a rule, markedly raised; only in exceptional cases below 1.00
Secondary anemia in the course of carcinoma	Mostly reduced and marks the stage of the disease; often under 1,500,000, and in certain cases goes under 1,000,000	60% of the cases abnormal increase of the leucocytes oligocythemia depends upon the location and variety. Decrease is rare	In extensive cachexia is frequently a small number. In some pronounced cases possibly a few in megaloblasts	Generally absent, but is present in cases with extreme cachexia	Always present, very early recognized, often in a very extensive degree; mostly microcytosis, with an occasional macrocytosis	On the average *diminished;* many times falls under 100; occasionally normal; very rare raised above normal	% always increased; the increase rises with the degree of cachexia, occasionally over 95%	% always diminished; often falls to under 5%	Mostly lowered; in certain cases raised, especially in early stages of the disease
Secondary anemia in septic infection	Mostly reduced	Always distinctly increased, the increase not dependent on the fever	Few normoblasts in extensive oligocythemia, likewise few megaloblasts	Generally absent; only in grave cases present	In the majority of cases plainly developed	Regularly strongly reduced	In the great majority of cases % increased	% diminished	Strongly reduced
Secondary anemia in chronic tuberculosis	In early stages often reduced, the reduction not directly dependent upon the stage of disease	Sometimes increased; independent of the stage of disease	Not found	Only rarely recognizable	In the early stages always present, but only of a slight degree	Mostly subnormal; scarcely ever increased	% generally increased	% mostly diminished	Generally lowered, also in frequent cases raised
Secondary anemia in liver cirrhosis	Generally greatly reduced	Fluctuates in both hypertrophic and atrophic	Very rare; observed in a case of comacholemia	Rarely present	Mostly present, generally a light degree	Fluctuates extensively	Hypertrophic cirrhosis % mostly diminished	Hypertrophic cirrhosis % mostly increased	Mostly normal, often greatly raised, occasionally greatly lowered
Post hemorrhagic anemia	Reduced, depending upon the degree of the hemorrhage.	Frequently yet not regularly increased	Often sparingly present. Mostly normoblasts can be megaloblasts	Not regularly present	Always present, often very extensive	Normal or lowered	The leucocytes are often markedly altered, yet not in a uniform way		Mostly lowered
Simplex chlorosis	Normal or slightly reduced	Normal	Absent	Not present	Always present	Normal frequently, slightly under normal	% generally somewhat increased, also distinctly diminished	% generally somewhat lessened, not increased	Mostly lowered, rarely normal, still occasionally raised
Chlorosis cravis	Distinctly reduced	Sometimes increased	Not constant	Generally present	Always present	Often lowered	% generally diminished	% Generally increased	Mostly lowered, frequently normal, rarely raised
Idiopathic anemia	Always diminished	Mostly normal, frequently diminished	Not constant, yet to be expected	Generally absent	Constantly present	Fluctuates extensively	The leucocytes are frequently markedly changed, but not in a uniform way		Usually normal, but frequently raised or markedly lowered

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CATARACT OPERATION AND AFTERCARE.

By Harry Caldwell Parker, M. D., Indianapolis, Ind.

Assistant Professor of Ophthalmology, State College of Physicians and Surgeons, in Affiliation with the Indiana University. Formerly Resident Ophthalmic Surgeon, Massachusetts Charitable Eye and Ear Infirmary. Clinical Assistant Same, and instructor in Ophthalmology, Tufts College Medical School, Boston.

In presenting an additional chapter to the already large volume previously written on cataract operations, I wish simply to bring out the high percentage of excellent results obtained by modern asepsis and surgical technique. In the Massachusetts Charitable Eye and Ear Infirmary, with which I was connected for about seven years, there were operated upon from sixty to eighty cases of senile cataract a month with about 95 per cent of good visual results in all operated cases.

In operating for cataract all men prefer a so-called "ripe," operable cataract; that is, a cataract which is thoroughly mature admits no perception of objects or even shadows, but simply light. The pupil should be rounded, central, and reacting well to light, and which dilates well with a mydriatic. There should be quick light perception and accurate projection. The anterior chamber should be of normal depth and the ocular tension normal. In addition the eye should be free from inflammation, and there should be no epiphora or lachrymal blennorrhea. This is the ideal cataract for operation, but there are many cases that deviate from this ideal, which may be classed as operable cataracts. The complete maturity of the lens is not an absolute essential, especially if the cataract be one of exceedingly slow development, where both eyes are involved, and the patient practically blind. Judgment must come into play, for we should not condemn a patient to wait two or more years, because of the faint perception of shadows or large near objects. There are some forms of dense amber lenses, especially in myopes, which fail to ripen beyond a certain point; these should, in selected cases, be operated upon. The quite numerous cases of either anterior or posterior synechiae are in the majority of instances operable with a high degree of success, as to ultimate useful vision, as are those numerous cases with corneal scars. Rarely a cataract with very faulty projection or even absence of light perception is operated upon for cosmetic effect alone, but of course should only be done at the solicitation of the patient, and after they learn thoroughly that the operation does not mean return of vision. Two cases under my care wherein both eyes of each had faulty projection were operated upon with the result that in one instance the man could wander about his little garden alone and enjoy some of the color of his flowers, and the other a woman, was able to do a small share of the simple household duties.

Old age is not by any means a contraindication in most cases. At the infirmary we used to operate many cases in patients between seventy-five and eighty-five years of age with excellent results in most cases. Cheney reports in the Boston Medical and Surgical Journal, April 5, '06, a case in his private practice of a woman eighty-five years of age getting with a +11 Sph. =+3cyl 180° a vision of 20-12 with the exception of 3 letters and 20-15 vision very readily. Cases of diabetes do not as a rule do well, as also those of chronic Bright's, so that I make a routine examination of the urine in all cases. Those showing sugar are referred back to their general physician for treatment, and when the sugar is materially lessened or absent they are operated upon with excellent results. Some slight chance being taken, as in fact is taken in all cases, but this chance is reduced to a minimum with modern asepsis and after care.

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An oculist is often asked his opinion in regard to operating for mature cataract when but one eye is involved. The answer to this question is, of course, a matter of personal opinion. I believe that if the patient is informed that the operation will not enable him to use his eyes together, but that he will be able to see large objects on the affected side more readily, and thus avoid some danger; that the effect will be largely cosmetic; also that should cataract develop in the good eye, as in most cases, he will have the operated eye to fall back upon when the sight in the other grows poor or is lost.

After deciding a case is operable comes the choice of operation. Naturally in complicated cases, operations are modified to suit the individual case; new ones thought out before operation, or when the patient is on the table. For the uncomplicated cases we have the choice of four operations: (1) The modified Graefe, in which a preliminary iridectomy is done, (2) the simple extraction; (3) the simple extraction with button-hole of iris, and (4) the Indian operation, or extraction in capsule. (1) The modified Graefe is the conservative operation and the one which in my opinion gives the best results, both as to operative success and subsequent vision. It of course is not such a perfect operation cosmetically as the simple extraction, but the operator need but make a small iridectomy, which for the most part is covered by the upper lid and quite inconspicuous. With the modified Graefe we have less danger of prolapse of iris, less difficulty in teasing out the flakes of soft cortical substance, and less resultant corneal astigmatism. The pupil dilates more readily after operation, and therefore there is less chance for the formation of posterior synechiae with the capsule. It is the operation which would be chosen by most oculists should they be themselves operated upon for cataract. (2) The simple extraction gives by far the best cosmetic results, if successful, but owing to the danger of prolapse, is not the operation to be performed except in selected cases. I learned from Dr. F. E. Cheney, of Boston, a rule to guide an operator in these cases. After the operation of simple extraction has been completed, carefully hold back the upper lid and have the patient look extremely down, should the edges of the wound separate perform an iridectomy because of tendency to prolapse; should the edges remain in close apposition there will be little or no danger of prolapse. I have carefully followed this rule in performing the simple extraction and have never had a prolapsed iris, if the edges of the wound have remained in apposition when the patient looked extremely down. (3) The simple extraction with button-hole of iris was devised by Chandler, of Boston. The operation is performed as the simple extraction except that at the very end the iris forceps are inserted into the wound, a small bit of the iris is caught and cut near its insertion into the ciliary body. Care must be taken that a very small portion is caught lest the button-hole be made too large. The procedure is somewhat more difficult than it sounds. This button-hole answers most of the purposes of an iridectomy, and at the same time gives the patient a round pupil. There is some danger of prolapse with the button-hole, but it is less liable to occur than in the simple extraction. (4) Of late we have heard considerable of the East Indian operation used so extensively in the British army medical service in India. There the chance for experimentation is enormous. Cheney and Standish, of Boston, and Walter Parker, of Detroit, among others, have reported cases in this country with considerable success, and yet they are of the opinion that while the operation gives excellent results in many cases, it seems somewhat unjustifiable because of the extreme and prolonged pressure necessary to break the lens attachment and extract the encapsulated lens. The corneal incision is made as in other operations, an iridectomy may or may not be performed; then with two spoons, or scoop and spoon, pressure is made above the incision and below the cornea in the median line. It takes from nine to fifteen minutes hard pressure to break the zonula and this is rarely accomplished without the loss of more or less vitreous. The operation has the advantage, however, of leaving a clear black

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pupil in which there can not form a capsular cataract needing secondary operation. When it comes to the question, "Would you have this done on your eye?" it does not receive much enthusiasm.

Before deciding to operate upon a patient the condition of the conjunctiva and the lachrymal sac should be looked over carefully. Should there be a chronic conjunctivitis with mucoid or muco-purulent discharge, this should be treated with antiseptics and astringents for some time before the operation. I have been accustomed for some time to use argyrol 5 per cent to 10 per cent solution in conjunction with a bland ointment for the lids, followed later by an astringent, usually one-half grain sulphate of zinc to the ounce, combined with twelve grains of boracic acid. In cases of lachrymal obstruction and blennorrhea, I treat this condition before operating, because the lachrymal sac is a breeding place for germs, especially if the nasal duct is stenosed. Cases of persistent blennorrhea and stenosis which fail to respond to treatment with argyrol and probes after the lapse of six or ten weeks, I advise extirpation of the lachrymal sac. This simplifies matters considerably, insures a nearly clean operative field, the scar resulting from the operation usually disappearing in from six weeks to three months.

Preparation of the Patient. If the operation is to be performed at a hospital I always request my patients to go to the hospital the day before. This is done for two reasons. The first to accustom the patient to the new bed, and the second, to admit of proper preliminary treatment. In cases where it is possible patients should be given argyrol as a collyrium to be used three or four times a day for a week preceding the operation. The night before, the eye is washed out thoroughly with a saturated solution of boracic caid, a drop of 1 per cent atropine instilled into the eye, a mild antiseptic ointment applied to the edges of the lids, and a light 1-5000 corrosive pad held over the eye with a bandage. The bandage is removed the next morning and the same treatment applied as the previous evening. It is advisable that the patient be given a saline cathartic the evening before and an enema the morning of the operation. This insures quiet on the part of the patient for the twenty-four hours following the operation. I have used, recently, as a routine procedure, the instillation of 1 per cent atropine in the eye the evening before and the morning of the operation. It does not add to the danger of prolapse and gives a larger field in which to work. It also seems to me that the lens is extracted more easily. I prefer, if possible, operating upon patients when they are in their own bed. This saves the necessity of moving them after the operation, with the chance of opening the wound. Just before the operation the bandage is removed and the eye irrigated with normal salt solution. A sterile towel is bound round the head and a sterile sheet is thrown over the front of the patient and tucked in around the neck. For local anesthesia I use a 4 per cent solution of cocaine, freshly prepared and sterile; three instillations usually being sufficient for complete anesthesia. My instruments except the knife, are all boiled for twenty minutes. I found by experiments, conducted several years ago, that a cataract knife would be rendered sterile by simply submerging the blade in boiling water for about twenty seconds and then placed in 60 per cent alcohol until needed. Harrington and Walker in their article, "The Germicidal Action of Alcohol," Boston Medical and Surgical Journal, May 21, 1903, proved conclusively that the 60 to 70 per cent alcohol has greater germicidal properties than 1-2000 corrosive sublimate. Just before I wish to use the knife I submerge it in sterile normal salt solution to wash off excess of alcohol, then dry the handle to prevent knife from slipping in my hand, leaving the blade moist. I think the blade cuts better if moist. So much for the patient and the instruments. As for myself, I scrub up as carefully as though I were to perform a laparotomy. Although my hands and fingers do not come in contact with the eye, I believe in taking every precaution possible against infection. I always wear a sterile gown during the operation, also for the first few dressings when it is possible to do so.

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In regard to instruments I should say the fewer used the better, and thus reduce as far as possible the chance of infection. My set consists of speculum, knife, forceps for grasping conjunctiva, iris forceps, cyctotome, spatula, iris scissors, small spoon, also hook and scoop for emergency. In making the cut it is important to make it large enough. Most of the failures to extract readily are due to a small incision. The line of incision I usually make at the limbus, but recently I have been making a conjunctival flap with good success. The only objection of the flap being the hemorrhage which follows, some of which flows into the anterior chamber. After the incision is made I perform the iridectomy, if I am going to do the modified Graefe. Then the crystotome for the capsulotomy. I have always made a T shaped cut in the capsule. At this step in the operation the dilated pupil is of aid in seeing just what part of the capsule is cut. The lens is then extracted by gentle pressure of spatula above the wound, and slightly harder pressure with scoop or spoon below. If the incision is large enough extraction is easy. If difficult, and you are certain the wound is large enough, an assistant can rotate the lens with a hook, which will often break up adhesions and admit of quite easy extraction. If the wound is too small it can be enlarged by means of scissors, or possibly a keratome. After extraction, bits of capsule and particles of soft cortical tissue can quite easily be teased out with the spatula and spoon without either instrument entering the anterior chamber, using them simply to guide the particles toward the wound. The iris is then replaced by simply massaging cornea gently with spatula, or if caught in the edges of the wound, the thin blade of the spatula will replace it easily. The eye is then washed out with boracic acid solution, a drop of 1 per cent atropine instilled, and to the edges of the lids is applied a mild antiseptic ointment. This serves the double purpose of providing an antiseptic and also of keeping the lids from sticking together. Then a sterile pad and bandage is applied to both eyes. A roller bandage can be used, but I prefer an old fashioned knit bandage, which is more easily applied and is more comfortable to the patient. My patients are then instructed to keep very quiet for ten or twelve hours. At that time they can be turned on the unoperated side and thus obtain some rest. They are kept in bed until I have dressed the eye the following day, after which they may have a bed rest for half a day or get up at once. I am of the opinion that getting up on the second day after the operation is the better treatment. At my dressings I use the same care as I do in operating; all instruments, towels, dressings, and solutions must be sterile. I look at the eye to see if the anterior chamber is reestablished, if the eye is inflamed, and if pupil has dilated well. I base my subsequent treatment on these daily glimpses of the eye. If all goes well I redress the case daily, leaving the bandage on until the fifth or seventh day. In very favorable cases I remove it on the fifth day. The patient is then given a shade; the operated eye is washed out with boric acid solution, and atropine 1 per cent dropped in once or twice a day. On the tenth day the patient is usually ready for the preliminary test of vision, and careful examination in the dark room to ascertain the condition of the capsule, the fundus, and the possibility of a capsulotomy or secondary operation.

Should the case not go well and the eye be inflamed and painful, with a small pupil, I should dress the case twice a day, each time putting in several drops of atropine in order to force open the pupil if possible. Very frequently, for pain and iritis following an operation, I apply leeches to temple and hot fomentations to the eye. If a simple iritis, this treatment will quiet things down in a few days and the eye goes on to complete convalescence, with but a few days set back. I sometimes here use constitutional treatment; in rheumatic cases sodium salicylate or aspirin, and in all other cases inunctions of mercury.

Should the wound at any time look grey or yellow, I remove the bandage at once, apply hot fomentations three or four times a day, use 1 per cent atropine as often, and irrigate the eye every three or four hours with 20 per cent argyrol.

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After each argyrol treatment the eyes are gently opened and the wound dusted out with nosophen or aristol powder. In all, except the very virulent infections, this treatment is of avail in checking the infiltration and the majority of the cases ultimately get good vision. Some cases are bound to be lost in the hands of the most skillful and careful operator, but I am strongly of the opinion that with modern asepsis and with great care in the after treatment, the visual results will range for 1-20 to 20-20 or better, and that the large majority of the cases will have better than 1-5 normal vision. I always test my cases, when possible, before the end of two weeks. They are allowed to go without a glass for six weeks, when they return to be fitted to a temporary glass, unless a secondary is necessary. A permanent glass can be given about four months after operation.

In concluding this paper I should like to impress upon you the fact that practically all cases of cataract are at some time operable, and that even taking into consideration complicated cases, the results of operating today show that, in nearly two thousand cases that have come under my observation, 93 to 95 per cent are successful.

320 N. Meridian St.

HARDENED CHEWING GUM REMOVED FROM THE RIGHT BRONCHUS WITH THE AID OF THE KILLIAN BRONCHOSCOPE.

By John J. Kyle, M. D., Indianapolis.

The perfection of the bronchoscope and the technique of bronchoscopy, by Killian, have opened up a new field for the laryngologist, and probably given us one of the distinct surgical procedures of the age. The practical advantage of the operation over the old method of exploration in the dark through an external wound in the trachea, the following case will illustrate:

June 4th, Dr. Driscol, of Lafayette, presented Mr. ———, age seventy-two years, for the removal of what the patient called a cent's worth of chewing gum from the lung.

The day before the patient had accidently sucked the gum down into the trachea, producing some pain and distress with slight cough which was constant in character. Upon examination, the patient said there was a slight pain and irritation in the region of the right bronchus. Physical examination showed that there was plenty of air going to both lungs. There was a slight respiratory obstruction, however, in the region of the right bronchus. The patient's larynx was carefully inspected and nothing noted. With the patient in the upright position the larynx and trachea were anesthetized with a 20 per cent solution of cocaine and the Killian bronchoscope passed directly into the right bronchus. The grabbing forceps were now inserted and the object was easily detected. Two or three efforts were made to grasp the object, but mucus and great distress in respiration necessitated the removal of the tube. As soon as the bronchoscope was removed, the patient coughed once or twice and the round hardened wax was expelled. The tube and grabbing forcep dislodged the wax and with the accumulation of mucus, which flooded the object, enabled its easy expulsion.

Killian's tube when in position will enable a dextrous operator to detect foreign bodies in situ and sometimes remove them.

Bronchoscopy is subdivided into upper, lower and bronchoscopy proper; upper bronchoscopy enables the operator to examine the trachea through the natural channel. Bronchoscopy proper enables the examiner to view the bronchi through the natural channel. Lower bronchoscopy is performed under general anesthesia, by first doing a lower tracheotomy and passing a short tube into one of the bronchi. The last method is probably the easiest, and sometimes the only method possible for extraction of foreign bodies from the lung.

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THOUGHTS UPON METABOLISM.

By James Burke, M. D., Manitowoc, Wis.

Study metabolism and catabolism to be conversant with rational medical procedures. Proper digestion and assimilation of our food is the corner stone of health.

Proteid, digestive and developmental ferments constitute the activities of life; proper digestion reverts our complex, heterologous foods, to their simpler units and converts these units nto pabulum homologous with the tissues of the host; on the reversion and reconstruction of these units depends the quality and nourishing capacity of what we eat.

Faulty reversive processes always result in incompletely reconstructed products; in the matter of the proteid portion of our food, the latter are of the hybrid or heterologous varieties of protein, the most of which, with the homologous protein is absorbed from the villi and walls of the intestines into the general circulation, and thence distributed throughout the body to the various tissues, to be vicariously acted on by the tissues in the effort to convert them into homologous protein, but the tissues, failing in this vicarious function, stores them in their environs, in some mysterious way, to await accident or medical interference to make of them therapeutic or poisonous entities; these poisonous entities, together with the waste proteid of incomplete catabolic products, form the bulk of the leucomains; of course, the destructive action of active infection on the hosts' tissues adds to them.

Leucomains, developmental and digestive ferments, vegetable and cadaveric alkaloids are allied and related substances of proteid origin, the simpler component units of which are chemically and biologically interchangeable, in forming a variety of new entities and in rounding out and perfecting other incomplete entities in the living animal organism; nature reverts to simpler units before the food can be reconstructed and assimilated; here we get a hint to supply medicine to the sick in its simplest obtainable form, so but little laboratory work will be required of the animal economy. The alkaloids and other active principles are the simplest and best form of obtainable medicine—the most of the laboratory work is already done; besides, the strength never varies.

But to get the best results from any form of medicine, the absorbing surface must be clean and aseptic; if the surface is the mucous membrane of the alimentary tract, the lumen of the bowel, as well as the numerous auxiliary adjuncts to vital action in the intestinal wall must be rendered free of debris and given an opportunity to regain their pristine digestive and reconstructive function.

Intestinal antiseptics must be used to limit the formation of toxins in the intestines, to prevent gaseous distension in order to allow the walls of the intestines to resume their normal size and function; the sulphocarbolates are much used for this purpose; they are effective and can be used indefinitely.

Treatment to rid the body of the leucomains already stored up in the tissues consists in the resolution of the leucomain to be eliminated, into the blood and fluids, presenting it with the necessary substance from an allied or cognate product, to make of it a comple product for excretion. The rheumatic leucomain is rounded out by colchicine, veratrine and salicylic acid; the eclamptic leucomain is neutralized by veratrum or veratrine; the asthmatic, by some primary component part of strychnine. To antidote the leucomain of syphilis, we give mercury and iodine to destroy enough of the proteid of the host's tissues to furnish the primary proteid unit necessary to make of it a harmless excretory product.

The storing up of leucomains in the body of middle-aged and active elderly people exercises a baneful influence on their recovery from pneumonia contracted by them by attendance at the funeral

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of a friend during the inclement weather of the late autumn or early spring time when conditions favored their storage in the tissues. Many of these patients are tided over the acute stage well into convalescence, when all at once a leucomain is resolved out of the tissues into the blood stream and causes their sudden demise.

Custom and prevailing habits of life tend to establish variety in standards of health, with a consequent artificial physiology of the tissues and a decided deviation of the chemicobiologic composition of the body.

THE OBSTETRICAL BINDER.*

By Dr. Etta Charles, Summitville, Ind.

The doctor who feels the burden has rolled from his shoulders when his patient has accomplished her delivery has underestimated his responsibilities and limited his usefulness. The art of obstetrics begins with the clipping of the umbilical cord. The labor has been conducted with as near perfect asepsis as the surroundings will permit. The perineal region has been inspected and if there is a rent, preparations for its repair are being made, while the uterus is getting its rest preparatory to expelling the placenta.

The "physician's hour" is the shortest hour spent with the patient. Hitherto you have been engaged with emptying the womb of its fruit. Now you must bear in mind the peculiarities of the female sexual organs and the delicate manner in which the uterus is held in place in the pelvis by a complicated ligamentary apparatus.

The size of the uterus at the fortieth week of gestation is twelve inches in height, nine inches in width, by eight and one-half inches in thickness; its weight is one and one-half to two ounces. Involution is the change that takes place in the uterus and adnexa from the expulsion of the fetus placenta and membranes to the complete reduction to normal size. This should be a physiological process, but often becomes pathological, as every physician knows. We must bear in mind that there must be the absorption of two pounds of uterine tissue, the formation of thrombi in the uterine walls, a rapid cell-production upon the uterine mucosa, the atrophy and fatty metamorphosis in the uterine walls, the raw placental site, the traumatism inflicted upon cervix, vagina and vulva, the dangers of septic infection. It must be remembered that there is a large, sagging abdomen above and a relaxed condition below. With all these things in mind every effort of the physician should be directed toward the induction of a healthy convalescence. It should be borne in mind that the position of the uterus is not a fixed position but varies with the position of the body. The pelvic contents influence its position to an extent, a distended bladder raising it higher by an inch or two, and a loaded rectum pushing it a little to the right.

With the patient in the erect posture with the weight on the balls of the feet the uterus lies nearly at right angles to a line drawn perpendicularly through the axis of the body. A line drawn from a point midway between the pubic bones and the umbilicus to the hollow of the sacrum will fairly represent the long axis of the uterus, and the fundus is about on a level with the superior strait. Taking this peculiarly shaped organ into consideration, we have a hollow, muscular organ, somewhat pyriform in shape with the resemblance of an hour-glass contraction at the junction of the middle and the lower third. That this junction is the weak point is apparent to any one. With sub-involution, a constipated bowel, a woman on her feet attending to household duties, what is more natural than that a flexion should follow? Edgar says, "Immediately after delivery examination reveals a mass equal to that of the preg-

*Read before the Madison County Medical Society, May, '07.

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nant uterus at the fifth month of gestation. Its weight is 26 to 35 ounces, length 7 inches, length of cavity 5 inches. At the eighth day of the puerperium the mass of the uterus should be reduced one-half—14 to 17 ounces. On the 14th day its weight is about 13 ounces. Finally, at the end of two months the uterus has regained its original weight of 2 ounces. It can be readily seen that a uterus weighing 13 ounces can not be held in its normal position by its natural attachments if the patient does work that will place any strain on the abdominal or pelvic muscles. It is an old saying among women that "everything goes back to its place on the ninth day." The tenth day she gets out of bed, and by the twelfth day has resumed her household duties. I had one woman whom I had confined get out of bed on the fifth day, take up carpet and move into another house on the evening of that day. By the sixth or eighth week she is a palid, bloodless object, scarcely able to drag her feet, and remains so for weeks—everything points to delayed involution. Upon examination the cervix is swollen and eroded, the lips pouty, the color purpleish hue, the vaginal mucous membrane feels thick and rubbery to the touch; the vaginal discharge is thick, white and curdish excoriating the external genitals and producing an intense pruritus. The large, tender uterus in its effort to protect itself from jars incident to walking becomes adherent to neighboring structures and we have a well-developed case for the gynecologist. If the patient does not conceive again within a year or two, and another examination is made, you will find in a large number of cases, as a result of the large globe of the uterus above and the swollen, pouty cervix below, the uterus has knuckled upon itself at its weakest point, the os internum. The time to prevent such serious results is immediately subsequent to confinement.

If I have been consulted beforehand, I ask the patient to prepare three bandages of common towel-crash, wide enough to reach well over the abdomen and stomach above and to the trochanters below. Darts above and below are made in order that the bandage may conform to the curves of the body. While I am waiting for my "hour" to pass, I apply this bandage myself. I turn the "T" upon the outside of the bandage and roll the bandage so as to unroll to the patient's left, allowing the patient to elevate her hips herself, if she have the strength and disposition to do so. The bandage is then pinned as tightly as the patient wishes it, and when I am ready to leave I pin a napkin to the "T" and fasten it snugly, giving directions to the nurse to loosen the bandage every three or four hours during the day and give the abdomen a gentle massage, after which she should pin it back smooth and snug. If the labor has been normal, with no perineal tears, and convalescence has progressed favorably, I allow the patient to get up the fifteenth day and to remain out of bed several hours, but she is not allowed to walk until the last of the third week, when she gradually resumes her household duties, at which time she abandons the abdominal binder and uses the pelvic binder, something like bicycle trunks, and this she wears from one to six months, depending upon the amount of stretching the abdominal muscles show and the amount of fat on the abdomen. If the patient be a woman of pride she will want to put on a corset. This I allow, choosing a corset with a long skirt, with the hose attachment at front and sides. She draws up the abdomen after fastening the lower part of the corset, and there is no crowding down of the pelvic viscera, but, instead, all weight has been taken off the pelvic contents and there is a feeling of comfort and well-being.

Finally, by a well-fitting abdominal binder you have restored intra-abdominal pressure, placed a splint to a large, tender uterus, thus favoring the closing of the uterine sinuses and favoring involution. A woman, if possessed of one atom of beauty, is entitled to its preservation.

WHAT DID HE MEAN?

Patient: "Doctor, do you think I will have to be operated on?"

Doctor: "Well, I hope for the best."

—July Lippincott's.

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SCIATICA AND ITS TREATMENT.

(A personal experience.)

By L. E. Cox, M. D., Greenwood, Ind.

Forchheiner says that the principal factor in the successful treatment of sciatica must be looked for in the removal of its cause.

In every case of sciatica a most searching examination should be made and the habits of the individual looked into, for not infrequently a neuritis of the sciatic nerve arises from gastrointestinal intoxication which results from overindulgence of highly seasoned food, food rich in proteids, together with alcoholic beverages.

I am convinced that gastrointestinal intoxication and an inactive liver was wholly responsible for a sciatica neuritis of which I was suffering for nine months, therefore, the following observations concerning the treatment of this disease is based upon the experience that I had with my own personal case and as a result of which I have learned that more can be accomplished toward the relieving the symptoms and adding to the comfort of the patient if proper hygienic and dietetic measures are adopted and faithfully carried out, than the administering of any of the antirheumatic remedies, from a personal standpoint I consider one of the most important measures in the treatment of sciatica is to avoid the salicylates, for I took 120 grains of sodium salicylate per day during my wakeful hours for three weeks, and at the end of this time I was in a much worse condition physically than before I began taking it. I had the same experience with aspirin, which is so often lauded for the treatment of sciatica, and I am convinced therfore, that these drugs only upset the digestion and cause poor assimilation and nutrition. For a case of sciatica pure and simple there are no drugs (I find) that will rank with potassium iodide, nitroglycerine and the solution of the bromide of gold arsenic and mercury, The results which I have obtained by the observing proper hygienic and dietetic laws have proved so remarkable that I am convinced that many cases of sciatica could be relieved and beginning ones avoided if these measures were adopted and rigidly enforced.

To expect relief from a severe case of sciatica of a month's standing by instituting these measures for only a few days or weeks is next to impossible, and is absolute folly, for relief comes only from proper living and eating.

I am aware of the fact that many discredit this manner of treatment, because they were disappointed in their results, after giving this outline a trial, not a thorough one, however, for should they have done so, there would have been no doubt as to good results.

There are a great many patients I find who have been sufferers from sciatica for years without getting permanent relief, on account of their unwillingness to deny themselves of a club life and a bit of dissipation, and to quote them "are willing to suffer a little for a good time." It is to this class of patients principally that this paper is intended, and should the following suggestions prove to be of any benefit to them, the writer shall feel that he has accomplished his purpose.

The indications to be met in the treatment of the acute cases would be, therefore, to:

First, relieve the pain and suffering unless the pain is excruciating in character and keeps the patient awake at night, morphine in these cases, is contra-indicated either per orum or hypodermatically in neighborhood of nerve, for it not only locks up the intestinal tract and interferes with elimination, but to be constantly giving morphine for the relief of every pain in sciatica is a very pernicious practice, and may lead to the formation of the morphine habit.

A hot bath for from 15 to 30 minutes in water hot as can be borne, followed by brisk rubbing with a rough towel, together with massage of the thigh along the course of sciatica nerve.

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With a hot waterbag over the great sciatic foramin and absolute rest in bed will prove to be very efficacious.

After making a careful study of the case, if you should find that a gastro-intestinal intoxication, inactive liver, symptomatic anemia, alcoholism, or exposure to the sudden changes of climate to be the cause, then it falls your duty to remove the cause.

In those cases due to gastrointestinal intoxication, examination of the gastric secretion should be made and determine the amount of hydrochloric acid, for not infrequently owing to lack of this acid and pancreatic and biliary secretion, toxins arise from fermentation and decomposition of the food during the process of digestion. In these cases give dilute hydrochloric acid three times a day after meals, and administer calomel in 1-10 grain doses every half hour until one grain is taken, followed by a saline cathartic. Calomel in these cases seems to be almost a specific.

Should there be an anemia administer tr. ferri chloride or syr. of ferri iodidi. I find it one of the most difficult tasks to be able to select a proper diet, for patients do better on two meals a day than three during the acute stage. Food appropriate for healthy individuals is not as a rule suited to sciatica patients. Keep the bowels open and drink plenty of pure water. Plain and wholesome food should be ordered at regular intervals, and all pastry and highly seasoned food should be interdicted. There is no rule that can be laid down which will apply to all patients. Experience alone can determine; Gowers says that care and experience alone will help in deciding whether the patient is getting too much food, and whether his diet should be cut down, and his elimination increased or whether the case is dependent on an insufficient or improper diet.

Third, improve nutrition. This is difficult to do without first regulating the diet, but where the former is carried out the latter is easy, and I know of no drugs or remedies in the pharmacopeia that will do more toward increasing elimination, improving nutrition and building up the patient's general health than iodide of potassium in 10 m. doses of the saturated solution after meals, together with 15 minims of the solution of the bromide of gold, arsenic and mercury.

IMPERFORATE ANUS—CASE REPORT.

By John A. Gibbons, M. D., Mitchell, Ind.

On February 10, 1907, I was called to see Mrs. H., age 35, who was in her sixth labor. One hour after my arrival a seven pound child was born. February 12 the father reported to me that the kidneys had acted but the bowels had not. After an examination of the anus by him at my suggestion he said there was no anus. When I called on the following morning I found an imperforate anus. Infant was vomiting meconium and abdomen was distened. With the assistance of Dr. John C. Kelly I incised the anus, introduced my finger and found the rectum ending in a blind pouch 3½ inches from the anus. Since it was impossible to bring down the rectum and stitch it to the anus, we made an artificial anus by an incision one inch internal to the left anterior superior spinus process. The pouch was adhered on the right side to the abdominal wall. The adhesions were broken up, the gut brought into the incision and stitched to the abdominal wall with interrupted silk sutures one-eighth inch apart. When the bowel was opened gas and meconium were expelled. The wound was dressed with iodoform gauze. All untoward symptoms abated. The wound healed nicely and the stitches were removed seven days after the operation. On the eighth day the child died from capillary bronchitis. The family lived in an old and poorly constructed house, thus providing measures illy suited to a case of this character.

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EDITORIAL

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SEASICKNESS AND ITS TREATMENT.

Remedies for seasickness are legion and the summer vacation will furnish an opportunity to test their virtue. Many agents are as worthless as Bacon's liver-pad. Rosse, in an article on the subject some years ago, confessed ignorance of the box mentioned by Shakespeare, "If you are sick at sea, a dram of this will drive away distemper" (Cymbeline, act III, scene 4). Mention is made of the rope's end in the British navy, the cold water dash, two persons supporting the patient and the administration when walking of spoonfuls of soup or the Cadiz faker who sold blue glasses to the Spanish soldiers.

Faradization of the epigastric region and the internal use of atropia have relieved some patients.

Preventive measures are often failures and as long as persons continue to go on water this distressing malady will continue. Polypharmacy here has its inning.

Before taking a lake trip the use of a saline cathartic and then bromide of potassium will sometimes do good. During the attack a swinging bed to obviate the motion of the vessel is valuable, but is not always at hand.

Sleep produced by opium, chloral hydrate or chloralamid is always welcome. Hyocyamus, atropia, cocaine, amyl nitrite, antipyrine, acetanilid, creosote and acid drinks will act favorably in some cases; but if you find that all remedies seem to have failed and in your desperation, at a time when you feel like life is about extinct, you seek the captain of the vessel for advice, he will tell you to use the juice from half a lemon, sip iced champagne and be brave.

However successful methods are frequently suggested as the result of a long experience. For instance, the St. Louis Medical Review quotes from the Le Monde Medical as follows:

Dr. Bardet treats seasickness absolutely as if he were dealing with an attack of gastroxynsis in a hypersthenic subject. He employs the valerianic ether of menthol in association with M. Albert Robin's well known formula, in order to obtain complete saturation, while administering a sedative capable of exerting a complete action on the various organs.

R.	Picrotoxine	1 gr
	Morphine hydrochloride	1 gr
	Atropine sulphate	1-5 gr
	Valerianic ether of menthol	3½ dr
	White curacao	8 fl oz

A teaspoonful of this liqueur contains a fiftieth of a grain of each of picrotoxine and morphine, 1-250th of a grain of atropine and four grains of valerianic ether of menthol. The dose is a teaspoonful, maximum dose five teaspoonfuls in the twenty-four hours.

When going on board ship or on entering the train Dr. Bardet administers one of the following powders:

R.	Calcium carbonate	50 grs
	Hydrated magnesia	30 grs
	Bismuth subnitrate	10 grs

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Mix the powder with two tablespoonfuls of water and add a teaspoonful of the preceding formula.

If the journey is commenced in the evening, the dose will usually suffice and the traveler will promptly fall asleep. Should he wake up feeling squeamish he should take another teaspoonful of the mixture in a little water and chew five or six tablets of carbonate of lime.

If starting in the morning the traveler should lie down and act according to circumstances. If he feels sick he should forthwith take a powder and a teaspoonful of the mixture. He must above all avoid taking any food under these circumstances. Saturation will thus be effected every two or three hours, that is to say, whenever sickness threatens. If the attack is not too violent the general and local condition will improve during the day and the traveler will begin to feel genuinely hungry. Then, but then only, he may take a small cup of coffee or pure milk, not more. Should the attack persist we must continue the powder and the mixture every two or three hours.

Roesen (Munch. Med. Woch.) was led to make a trial of passive cerebral hyperemia in seasickness by his observation, while serving as ship's physician, of the effect of the hyperemia induced by hot applications and by posture. He reports results obtained upon himself and several passengers. In every case the bandage, properly applied, brought marked relief from the depression of nausea, so long as the stomach was empty, but did not prevent vomiting when food was taken. He adds that it would not do for parties to apply the bandage themselves, as it is important to get just the right degree of compression.

INDIANA MEDICAL BOARD EXAMINATIONS.

Elsewhere in this issue is a report of the result of the recent examinations before the State Medical Board. All colleges are to be congratulated upon the year's work if this is evidence, but more especially the State College of Physicians and Surgeons, in affiliation with Indiana University. This class was its maiden effort. No failures, and eight men were in the first fifteen. Eleven were ninety or above, while the class average almost reached this point. It is said that this is the highest class average ever made at any examination before this Board. It might be well to emphasize the fact that in the first fifteen no other college had more than four. When a new institution is organized there is always more or less opposition and prejudice and it was so in this case. Mudslinging was in the air, but the "university atmosphere" has cleared it away and the promise has been fulfilled, the goods have been delivered. Now is the time for those who have shown an enmity to wear sackcloth and ashes.

THE STORY A DIPLOMA TELLS.

The possession of a diploma indicates that its owner has completed a course of instruction; how thorough and complete depends largely upon the institution and its corps of instructors. The success of the individual in the affairs of life may not be an indication that the diploma was not fairly earned. Success generally depends upon the makeup of the individual and an education is his handmaid. A man who makes a failure in life might not have been a success even with an education as an adjunct; but it is true that educated men who have been successful would have fallen below the standard had it not been for the learning they possessed. Again, if an illiterate man is successful in life according to the usual acceptation of this term, with an education undoubtedly the possibilities of success would have been far reaching. It is known to all that a diploma does not make the man and yet it has a very important significance and its value is very frequently underestimated. The thought expressed by President James B. Angell, of the University of Michigan, in a recent address before a graduating class is compact and expressive.

President Angell pointed out that graduation from the university does not signify that the graduates must retain the details of all the work they have done during their courses. "But," said he, "the method and power of intellectual

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search, which your studies have taught you, the alertness and vigor and sanity of mind which your long drill has lent to you, the facile acquisition and logical reasoning which have been gained by your years of strenuous handling of great subjects—it is these to which your diploma, if fairly earned, bears witness."

HEAT EXHAUSTION AND SUNSTROKE.

At this period of the year the shop, factory and restaurant. and in fact the various confined rooms crowded with working people furnish many cases in which artificial heat produces a condition known as heat exhaustion. Some cases are so mild as to be characterized by vertigo, cold perspiration followed perhaps by a partial unconsciousness only. The temperature is subnormal. After the use of mild stimulants followed by a restful sleep, there is a rapid recovery, perhaps in a few hours. However in the severe forms there may be collapse, delerium and cardiac failure. Recovery generally follows rest in bed and the judicious use of digitalis, nitroglycerine, aromatic spirits of ammonia or strychnia. Threatened collapse calls for the hot bath.

Sunstroke or thermic fever generally occurs as the result of exposure to the direct rays of the sun; but not necessarily so. Superheated atmosphere, especially if moist, may be a cause. Alcoholics are always bad subjects.

Of the two conditions, heat exhaustion and thermic fever, H. C. Wood gives the following pathology, "There is in the pons or higher portion of the nervous system a center whose function it is to inhibit the production of animal heat, and in the medulla oblongata a center which regulates the dissipation of bodily heat. Fever is due to a disturbance of these centers, so that more heat is produced than normal and less thrown off. If a man is in such an atmosphere and can not get rid of the heat he is forming, the bodily temperature may rise and he suffers from thermic fever.

If the inhibitory heat center is exhausted by its effect to control formation of heat, it becomes paralyzed by direct action of excessive heat already reached, then all tissues form heat rapidly, the body temperature rises with a bound and the man drops with sunstroke. Heat exhaustion with a lower temperature seems to be a vasomotor palsy—a condition in which the existence of the heat paralyzes the center in the medulla oblongata and the heat is dissipated more rapidly than it is produced." This is practically the gist of Mr. Wood's opinion and most authors consider it of enough importance to give it space. With the symptoms most every practitioner is familiar. The treatment will perhaps admit of review. Tyson says, "Use the bath in sunstroke and keep it at 60 by the use of ice. Rub the surface of the body with ice. Ice water enemas may be used. Use such means to lower the temperature. The treatment then becomes symptomatic, chloral hydrate or chloroform for convulsions; digitalis or strychnine for heart failure and bleeding for asphyxia."

Anders suggests the cold bath and venesection and does not differ materially from what has been said. In addition, however, he advocates the use of the intravenous injection of physiologic salt solution, stimulants to the precordium, hot bottles to the feet, hypodermic use of strychnia, nitroglycerine, atropin, brandy or camphor; this mainly applies to asphyxiated conditions.

Artificial respiration may be necessary, morphia may control convulsions. Antipyrine may be used to prevent return of temperature to its former height after use of bath. The ice-cap is always indicated and especially when bath can not be used. Wood is inclined to emphasize venesection if there is danger from congestive apoplexy, and if patient awakens with a headache he believes it is often indicated.

Boards of health at this season of the year can do much in preventing sunstroke. Circulars of information should be distributed where they may do good. Rules should be furnished the daily press in reference to diet and habits; also the danger of alcoholic drinks. Instruction pertaining to "first aid to sick" would no doubt save some lives.

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THOUGHTS ON LIBERTY.

Safety lies in the balance of power.

People good enough for self-government have it.

The old world may be wrong, but it can not be righted in a day.

Independence in men or in nations is an achievement, not a bequest.

Humanity enjoys more freedom today than ever before since the world began.

There is only one thing worth fighting for, talking for, writing for, and that is freedom.

Every government exists by the consent of the governed, and people get about the kind of government they deserve.

If some men had not questioned the justice of the law and defied the law, there would be today no such thing as freedom.

The law in America is for the people, of the people, and by the people, and when this is not the case the people are themselves to blame.

We are all just getting rid of our shackles. Listen closely anywhere, even among honest and intellectual people, and you can detect the rattle of chains.

For the first time in the history of the world, it is the general feeling of mankind that freedom of thought and speech is a good thing, and that the masses can safely be trusted with it.

No power is great enough to bind the mind—thought forever escapes. Give civil liberty to all, not by approving all religions, but by permitting in patience what Providence allows.

—Elbert Hubbard in July Lippincott's.

WILL POWER.

"I wish they wouldn't leave reading wills until after the funeral."

"How so?"

"One would know so much better what flowers to send."—July Lippincott's.

HER MAIDEN EFFORT.

A certain judge had been away from his native city for several years, and upon his return found it difficult sometimes to recognize former acquaintances. One morning a youngish woman, accompanied by a tall boy, entered the trolley car and sat down next the judge.

"How do you do, judge?" she said cordially. "I don't believe you remember me? I am Mrs. X."

"Why, so it is! Mrs. X., I am delighted to meet you again. How do you do? And who is this with you? It can't be your son! Bless me, I would not believe you had a son so big."

"Oh, yes," replied the guileless Mrs. X., flattered by his cordiality. "He is my first-born—my maiden effort, judge."

—July Lippincott's.

LONGING.

It's lonely since you left me, dear;
The hours go silent shod;
I wait in vain to
A stir where once you trod.
Days—days—days—
And never your footsteps come;
Oh, that I knew a call for you
To turn your wandrings home!

It's weary watching for you, love;
The twilight is a ghost;
The shadows breathe and move,
Sighing of something lost;
Dark—dark—dark—
And never your face for light,—
Divided . . . Nay, a world away;
Heart of my heart, good night!

—Nancy Byrd Turner in July Lippincott's.

GUSTATORAIL.

A summer tourist was passing through a German village in the West recently, when a stout German girl came to the front door and called to a small girl playing in front.

"Gusty! Gusty!" she said, "Come in and eat yourself. Ma's on the table, and pa's half et!"—July Lippincott's.

CARDS IN THIRTY DAYS.

"But why," asked his lovely fiancee, "do you object to a long engagement?"

"Because," he urged, "the cost of living increases every day, dearest. The longer we wait, the greater our expenses will be."—July Lippincott's.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

THE DUCTLESS GLANDS.

Louis Fischer, M. D., in a very interesting paper published in the Monthly Cyclopedia of Practical Medicine, May, '07, points out one of the applications of the discoveries of Sajous in the marvelous "transformation of a human imbecile backward mentally, and also physically, into a normal being. * *" How is this done? By supplying a secretion that is lacking in the body; but since "Sajous associated the function of the thyroid gland with that of the hypophysis cerebri, and thus explained that this thyroid secretion governs the functions of the adrenals by stimulating their center in the base of the brain. This center has been identified by Sajous as the pituitary body."

In a suggestive lecture, by Doctor Arnold Lorand, reported from the stenographic notes, with corrections by the associate editor of the same journal, J. Madison Taylor, A. B., M. D., is a discussion of The Pathology of Crime. Doctor Durand "outlined the clinical relationships between disturbances of mentality, morbid or criminal impulse, and underlying states of exaltation and depression in the ductless, or 'blood glands,' as he calls them. He emphasizes the fact that loss of equilibrium in these great regulator mechanisms (adrenals, thyroid, pituitary body, etc.), constitutes a powerful factor in the life process, but also in that complex entity, the mind, the consciousness."

Some of his epigrammatic assertions are: "The treatment of alcoholism is the treatment of crime. The normal man does not take alcohol. To be logical in the prevention of crime we must prevent that condition which makes the subject crave for stimulants. Alcoholism could be treated by aiding in all ways to normal metabolism. In all conditions where the thyroid gland is degenerated alcohol is taken in enormous amounts." Concluding his lecture Doctor Lorand asserted that it is possible to place the study of criminal impulse upon a scientific plane, but he declared a knowledge of the functions of the ductless glands is indispensable.

Sajous has formulated the following propositions concerning the ductless glands which I think very important and worthy of preservation:

"1. The thyroid gland supplies the blood with a secretion which has for its object to sustain the functional actvity of the anterior pituitary body.

"2. The anterior pituitary body is directly connected with the adrenals through the spinal cord, the thoracic ganglia, the splanchnic nerves, and the semilunar ganglia of the sympathetic nervous system.

"3. The thyroid gland, the anterior pituitary body, and the adrenals are functionally interdependent, and constitute a system through which cardiac action, respiration, and general cellular oxidation are maintained.

"4. The thyroid gland sustains the normal functional activity of the anterior pituitary body, while the latter, in turn, maintains the normal activity of the adrenals.

"5. The functional activity of the anterior pituitary body is increased when the blood contains an excess of thyroid secretion or sufficiently-active toxics: bacterial toxins, poisons, physiological toxalbumins, etc., to compromise the general cellular integrity of the organism.

"6. The functional activity of the adrenals is increased proportionately with that of the anterior pituitary body when the latter's activity is increased from any cause.

"7. The functional activity of the anterior and posterior pituitary bodies is

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passively decreased when the blood contains an insufficient proportion of thyroid secretion or is inadequately oxygenated, or when from any cause its intrinsic metabolism is reduced or impaired through deficiency of any of its molecular constituents.

"8. The functional activity of the anterior pituitary body is actively decreased when the blood contains a sufficiently active toxic of any kind, bacterial toxin, poison, etc., to induce excessive metabolism of its intrinsic cellular elements, and thus cause exhaustion or molecular metamorphosis of the latter.

"9. The functional activity of the adrenals is decreased proportionally with that of the anterior pituitary body, whether the reduced activity of the latter be due to active or passive pathogenic factors."

RYAN.

HENDRICKS AND SENILE GANGRENE

A good story is told of an old country physician who knew Thos. A. Hendricks in the days when he (Hendricks) was a struggling young lawyer at Shelbyville. Mr. Hendricks, then Vice President, was at his home in Indianapolis suffering from some inflammation of his foot. The best medical men of this and one or two other cities had been in consultation and pronounced the trouble, with bated breath, senile gangrene. The diagnosis got into the papers and an old chum of the days long ago, a common country doctor, learned of the mortal illness of his friend, Tom. He immediately went to the capital city to see his friend at least once more before that friend was gathered to his fathers. He was met at the door of Mr. Hendricks' residence by a stately butler who, in answer to his request to see Tom Hendricks, said Mr. H. was a very sick man, and received no visitors. But, said the rural doctor, I have come all this way to see him and because he is very ill is the very reason I wish to see him. The grave butler was inexorable. Then the doctor took from his pocket a paper and wrote a note to Mr. H. and asked the servant to give it to Tom at once. The servant did as requested, remarking, apologetically, that there was an old country-jake down there who could not be shaken off, without communicating with Mr. H. Tom read the note and ordered the butler to admit the gentleman and show him up at once.

The greetings between the old friends was very cordial and the companionship for nearly an hour was very unconventional. When the time for the "hayseed" to depart, he suddenly said, "Now, Tom, I want to see your foot." Mr. H. protested that it was bandaged and it would not be convenient or desirable to disturb it. The doctor plead and said he would readjust the bandages as good as new, and finally Mr. H. yielded. Tenderly removing the bandages, the doctor inspected the lesion, then, suddenly, and with great joy exclaimed, "W'y, Tom, it's a damn bile," and so it proved to be, for Mr. Hendricks fully recovered from his senile gangrene. RYAN.

SYNCOPE CAUSED BY MALE FERN.

We wish to call attention to the following excerpt from the Medical Summary, for the reason that male fern has been regarded as one of the very best as well as the safest of remedies for the expulsion of tape worm:

Hitherto it has been believed that extract of male fern, one of the best remedies for tapeworm, could be safely administered. The following case, however, shows that the rule does not always apply:

A man of fifty-two took twelve capsules of ethereal extract from male fern. He got rid of the tapeworm, but an hour afterward he fainted. All attempts to bring him to proved fruitless, when it occurred to an Australian doctor to give the patient lemon juice, so as to neutralize the poisonous action of the medicine. The patient immediately rallied, vomited and rapidly improved.

A slight syncope having occurred an hour and a half later, the same treatment, followed by a second evacuation, effected a complete cure.

RYAN.

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AXIOMS AND MAXIMS ON SYPHILIS.

By Noah E. Aronstam, M. D.,
Detroit, Mich.

(1) Sudden deafness occurring in an individual and affecting the hearing bilaterally without any assignable or palpable organic cause, should be regarded as possibly syphilitic in origin. Syphilitic labyrinthiae disease, due to gummatous formation in the temporal lobe, is often responsible for an abrupt loss of hearing. Potassium iodide in ascending doses will rapidly remove this defect.

(2) The hypodermatic injection of mercury has of late found favor among American physicians, and meritedly so, since it affects the system profoundly. The region adapted to this method of treatment is the gluteal region, at a point midway between the trochanter major and tuberosity of the ischium. Lewin's solution, consisting of a 1 per cent solution of mercuric chlorid is the solution of preference with the author, forty minims of which are deposited in the locality mentioned.

(3) How long should a patient be under treatment? is a question asked not alone by the laity but also the practitioner. Much can be said about it, and the arguments are numerous. The concensus of opinion of authorities as ascertained by the writer some years ago, and published in a special article, is invariably three years.

(4) The iodids of mercury are well borne in gastric irritability, but should be avoided in intestinal irritation. The chloride or bichloride is much better tolerated in the latter condition.

(5) In the early secondary period, mercury with chalk seems to exercise a very pronounced influence upon the luetic process. It is best to combine it with the extract of hyoscyamus and nux vomica, and if anemia coexists with the lactate of iron.

(6) Lupus may become superimposed upon a tubercular syphilide of the nose, as demonstrated by the presence of tubercule bacilli in sections taken for microscopical examination. It is futile to limit morbid processes to particular ages, lupus may affect any age and be either a concomitant or consecutive process to other morbid states.

(7) Mercury should never be continued longer than three months in succession, after which it should be followed by some tonic medication, composed of nux vomica and belladonna in a vehicle of Kola wine for a few weeks. Fowler's solution may be added to the above ingredients, and will materially aid in the elimination of mercury.

(8) The Finsen rays are occasionally indicated in certain forms of syphilodermata, especially of the tubercular type. It is understood that this treatment must be accompanied by the internal administration of the iodides.

(9) Never fail to palpate the penis and urethra for indurations, as many cases of meatal chancre have been overlooked and wrongly diagnosed as urethritis. A urethral discharge is not always due to the gonococci, and this fact should make us more circumspicuous to keenly watch for other conditions.

(10) It is a good plan never to use calomel as a dusting powder in venereal ulcers of any type, unless the practitioner is certain beyond any doubt that it is but a local process, wherein it is admirably effective. If the slightest doubt as to the nature of the lesion exists, we should withhold the application of this mercurial for fear of masking the development of symptoms.

166 E. High Street.

HOSPITAL NOTES FROM PHILADELPHIA.

Reported by R. O. McAlexander, M. D.

Dr. Chas. P. Noble, Kensington Hospital:

"There is more millinery about surgery than there used to be."

"I believe in the use of large quantities of gauze in the abdomen. I only want to see the intestines twice in an operation, and that is when I open and when I close the abdomen."

"Rubber gloves has spoiled all nicety in the tying of ligatures. I use nothing but cat-gut. We make it ourselves by the cumal plan of sterilization."

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"I am not in sympathy with the plan of letting our patients up in three days after laparotomy, as is practiced by some surgeons. We keep most cases in bed from two and one-half to three weeks."

"I make my assistants responsible for the gauze used. The surgeon has enough to think of without thinking of this detail."

Dr. Deaver, of the German Hospital, Philadelphia:

"I rarely operate on acute purulent colicystitis from whatever cause. Avoid opening the abdomen in the presence of acute infection. Operate after the virulence has subsided, when possible to wait."

"The more I see of abdominal pathology the less I know before inspecting the abdominal cavity. It is here that we are taught our greatest lessons in pathology."

"The hot-water bed is a great prophylaxic for shock. I use it in operations involving extensive procedures on the liver, stomach or bowels."

"When the abdominal symptoms are very acute and I am uncertain as to the diagnosis I counsel delay, where the condition of the patient will permit it. Be sure you are right, then go ahead."

"I have unlimited confidence in the aseptic scalpel of the surgeon as a solution to pathological problems."

Dr. Price:

"The general practitioner is a good diagnostian. I have rode across the Alleghenies a hundred times to find his diagnosis right ninety-nine times. We should have more diagnoses and more pathology."

"The history of vesico-vaginal fistula began with Marion Sims down in Georgia. This great master in gynecology began by operating on a colored woman—a slave. He tried thirty times before he was successful. The colored women quarreled among themselves as to who should be operated next, and without anesthesia. He devised the speculum which bears his name. This marked the beginning of a new epoch in gynecology."

"I believe Goodell to have been the greatest teacher of gynecology the world has ever produced."

"Repair all accidents incident to parturition. Every woman who has met with such accidents should have them repaired before the menapause."

"Every atom of the appendix should be removed. I am not in sympathy with tying off the appendix, leaving a suppurating stump in dead space. Remove every atom of it and treat it as you would any stab or gunshot wound of the intestine."

"Surgery of the abdomen has become popular in the upper or nonseptic zone. Surgeons have grown afraid of the lower or septic zone."

"Hospitals should all be postgraduate schools, but they are usually badly managed by boards of directors. We should have schools for hospital boards."

"Every doctor should be able to do surgery at the crossroads, in the cotton gin or sawmill, either by day or by night with pine tar or tallow dips."

"I am opposed to the 'cold storage' treatment of appendicitis. It is strictly a surgical disease and should be dealt with accordingly."

"A good old practitioner has defined the appendix as 'the pump handle of the cecum, whose function is to pump the contents of ileum into the last named organ.'"

"We do not allow our patients to get up in a few days after abdominal section, as practiced by some surgeons. We con-

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sider it a splendid opportunity to give them the rest cure."

"I believe in thorough surgery. I believe in extensive abdominal drainage where it is indicated at all. The old-fashioned 'coffer-dam' is my favorite method in extensive suppurating conditions."

"I am responsible for everything that happens to my patient from the door knob in. I hold no assistant, nurse or visitor responsible for anything that happens to my patient. It is cowardly. No gauze is ever left in an abdomen here."

"Several years ago boys were more liable to have appendicitis than girls, seven to one. Since girls are leading more active lives the ratio is changing, and we meet the disease more frequently in girls. I am inclined to believe in the 'frying pan life.' This means sterilized food. The appendix is the cesspool into which all germs of the intestinal tract are dumped."

"Every mother, teacher, and, indeed, any one having to do with children, should know the four cardinal symptoms of appendicitis—i. e., pain, tenderness, rigidity of rectus muscle, vomiting."

SYPHILIS OF THE MOUTH.

The following points in diagnosis are taken from an article upon syphilis of the mouth by MacGowan, in the Southern California Practitioner for June:

1. Certain lesions well marked and distinct when present always and invariably indicate the presence of syphilis.

2. Syphilis is frequently non-venereal and innocently acquired.

3. The victim is frequently unaware of the character of his malady.

Remembrance of the first of these will prevent your judgment being warped by the social position of your clients. Attention to the second will keep you from cruelly misjudging good women, and sometimes good men.

Chancre of the Lip.

1. Occurs at any age.
2. Usually insensitive.
3. Has a regular outline.
4. Is elevated.
5. Grows only a few weeks.
6. Submaxillary glands involved in second week.
7. Heals under mercurial treatment.

Epithelioma of the Lip.

1. Seldom before middle life.
2. The seat of darting pains.
3. Irregular in outline.
4. Ragged and bleeds easily.
5. Grows many months.
6. Submaxillary glands involved only very late.
7. Not affected under mercurial treatment.

Cancer of the Tongue.

1. Is the growth of months or years.
2. Is an ulceration surrounded by a tumor, destroying it yet extending with it.
3. Discharge sanious and filled with gray or black sloughs.
4. Pressure dislodges sebum plugs not unlike those found in erythematous lupus of the face, from the mucous membrane surrounding.
5. Pain at intervals shooting toward ear—diagnostic.

Gumma of the Tongue.

1. Is the growth of days or weeks.
2. Is a tumor which ulcerates.
3. Purulent discharge abundant like soft and decayed cheese.
4. Pressure dislodges only caseous masses.
5. Painless, or nearly so.

EARP.

THE CLINICAL LABORATORY AND THE PRACTITIONER.

In the Oration on Medicine before the American Medical Association, June 4, 1907, Dr. J. B. Herrick, Chicago (Journal A. M. A., June 8), calls attention to certain faults and misconceptions which he believes exist, regarding the clinical laboratory and its function, and which may

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lead at times to strained relations and misunderstandings between the practitioner and the laboratory expert. The faults exist on both sides, and, taking first those of the laboratory, there is often a failure on its part to acknowledge frankly its inherent limitations. With a franker willingness on the part of the laboratory expert to acknowledge these, the result would be a distinct gain in confidence in the laboratory rather than a loss when a physician finds from subsequent history of the disease, as he sometimes does, that the positively expressed opinion given him was wrong. In the second place, there is at times a failure on the part of the laboratory expert to realize the gravity of his duty when called on as a last resource in diagnosis. His comparative remoteness from the patient may lessen the sense of responsibility of which the family physician is all too conscious and, not fully realizing the importance of his decision to the patient, he may make it on insufficient grounds. Third, there is a tendency among some laboratory workers to step beyond their province and to make diagnoses that are unwarranted and perhaps unasked for, and even to advance a prognosis and advise treatment. It is hardly an excuse that a diagnosis is often asked by a physician who is unable to interpret the findings. The opinion, even then, should be a guarded one, the laboratory man should stand in the place of a consultant, and the diagnosis be based on the combined opinion of the practitioner and himself. On the part of the physician there is often also a failure to recognize the laboratory's limitations and its possibilities of error, and to misinterpret its findings. He is liable to be ill-posted as to the latest data, especially as to the value and significance of some one or other of the findings, and to overlook the fact that they should be regarded as only important symptoms, not necessarily nor often pathognomonic or diminishing the importance of the clinical observations. The physician, moreover, has no right to throw the responsibility of an important decision on the laboratory worker. Herrick sees the remedy for this state of affairs, first, in a better practical training of the undergraduate in laboratory technique and methods so that he is able to realize the limitations, errors and possibilities of the laboratory; second, in the closer relation between the laboratory expert and the clinician, and, when possible, their union in the same person. To this end there should be: Laboratories in medical colleges for the training of undergraduates and these should be as closely connected with the wards of the hospital and clinic as possible. No modern hospital should be considered equipped without its laboratory and departmental and even ward laboratories are desirable. Herrick recommends the clubbing together of practitioners to support such establishments, and the establishment of county medical society laboratories for the rural districts. Certain laboratory procedures should be the common property of all practitioners. In conclusion, he insists on the importance of not neglecting or underestimating close clinical observation at the bedside, and of not slighting pathologic anatomy. Encouragement should be given to any method of diagnosis that tends to emphasize the study of function as altered by disease. The laboratory should not be used as a short cut to diagnosis. Sometimes it is, but its workings are often slow and cumbersome and inconclusive and confusing. Anamnesis and physical and laboratory findings are all to be studied and compared, and a result reached that gives an idea of the disease as it exists in the individual case, with all that that implies in prognosis and treatment. E.

BUTTERMILK FEEDING.

The use of buttermilk as an infant food is recommended by H. C. Carpenter, Philadelphia (Journal A. M. A., May 11), who reports twelve cases of babies with infantile atrophy, gastroenteritis, etc., in whom he had generally good results from the use of the following mixture: Buttermilk, 1 quart; wheat flour, 3 1-3 teaspoonfuls; granulated sugar, 15 teaspoonfuls. The ingredients were carefully mixed, heated up to the boiling point but not boiled, and then rapidly cooled and kept till used. Full directions are

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given for the preparation, precautions against curdling, etc. The cases were not selected as likely to do well, but in every case regular milk mixtures had been tried and failed before the buttermilk feeding was begun. The ages ranged from 1 to 15 months; the average gain in weight during the use of buttermilk was eight ounces a week. Carpenter remarks the advantage of cheapness in the buttermilk feeding and believes it a most excellent food for infants suffering from intestinal indigestion, enteritis and marasmus. He has observed no unpleasant effects from its use; children almost invariably take it well. A few, when first put on the diet, vomited slightly; but, with one exception, this ceased in a day or two. The point he specially emphasizes is that the success is not so much due to the absence of fat as to the great ease with which the proteid of buttermilk is digested. He has observed this in almost every case. Several of the infants who were unable to digest 0.75 per cent of calcium casein digested perfectly the 2 or 3 per cent of casein lactate in the buttermilk. E.

ABDOMINAL PREGNANCY.*

By John Egerton Cannaday, M. D., Hansford, W. Va., Surgeon-in-Charge, Sheltering Arms Hospital.

After discussing the history of the lesion, so far as the surgical knowledge of it is concerned, the author states that only during the last fifty years has its treatment been worthy of consideration. Lawson Tait has been the pathfinder in this as in some other subjects. The statistics of frequency vary widely according to the counts of different observers. About 8 per cent of all cases of extrauterine pregnancy are said to be abdominal in character.

The symptoms are divided into those common to all varieties, and those peculiar to individual varieties. Of the first class are the reflex symptoms which belong to all normal pregnancies. The nausea of vomiting are commonly severe and begin usually early in pregnancy. Two symptoms specifically point to extrauterine gestation. They are the bloody discharge, and the abdominal pains which are, as a rule, colicky and sharp, they start from the region of the tumor and radiate downwards and outwards. These pains may begin about the first of the second month and last throughout pregnancy. The acme of their severity is about each menstrual period, and there may be an intermission of entire freedom from them between the periods. During these attacks of pain the abdomen may be swollen and tender to the touch. The pulse is accellerated, but there is no temperature rise. The bloody discharge from the uterus occurs in a majority of patients. This phenomenon is usually accompanied by pain and the expulsion of the decidual membrane, the discharge being due to rupture of the decidua, of a seropurulent, coffee-colored or reddish nature, and may be apparently so profuse as to call for the tamponade. In the primary abdominal type there may be no disturbance of the menstrual function. The return of the menses is indicative of fetal death. The rectum may be irritable and pulsation can often be elicited by vaginal palpation. The most typical symptom is metrorrhagia coincident with the symptoms of pregnancy in its early stages. If associated with this is a discharge of decidual tissue one should expect extrauterine gestation.

False labor may be premature, happening at the seventh or eighth month, but usually makes its appearance at term, rarely afterwards. At the same time the patient has intermittant pains analogous to true labor pains. The cervix does not become obliterated but dilates sufficiently for the entrance of one or two fingers. After the decidua is expelled the pain ceases and does not return unless there has been a rupture of the fetal sac. The signs of labor will disappear, and milk will come in the breasts.

The symptoms of rupture are sudden and severe pain radiating over the abdomen, rapid weak pulse, air hunger, shock, and other concomitants of hemorrhage. There is apt to be nausea, hiccough, extreme tenderness of the abdominal walls. The escape of the fetus from the tube without much loss of blood is marked by

*Author's abstract from a paper published in the New York Medical Journal.

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severe pain referable usually to the side, tenderness of the abdomen, and often a temperature rise. The rupture may be spontaneous or provoked by some slight trauma.

Physical Diagnosis. The os and cervex are often soft, and either firmly confined by adhesions or pushed entirely out of their natural position by the rapidly enlarging cyst. Fetal pulsation may be felt through the vaginal wall, and the fetus can at times be outlined in the same way. There are two tumors, one of which is usually situated to the right or left of the median line. A sulcus between the adventitious body and the cervix can be made out. In some cases the fetus is palpable through the abdominal wall. On manual examination of a cyst containing a dead fetus of considerable size crepitation of the bones may be obtained. The uterus remains stationary in size after the fourth month. Fetal heart sounds and movements are discernable after the fifth month.

Diagnosis. The diagnosis is nearly always difficult and can not be made with certainty during the first period. At that time diagnosis of probability constitutes an ample reason for surgical interference. It may be taken for ovarian cysts, fibroid tumors, several forms of salpingitis and hematocele. It may possibly be differentiated from these by the history, the malposition of the uterus, and the disturbances of pregnancy. In the second period of pregnancy diagnosis is not so difficult, but it is nearly always impossible to distinguish one variety from another. In making a diagnosis we have what we can elicit from the story of the patient in her own words, her replies to minute questionings, and a physical examination. After the escape of the fetus from the tube and the beginning of the secondary abdominal type, the acute symptoms may subside, but there are apt to be recurrent attacks of pain. An apparently normal condition necessarily tends to throw the physician and patient off their guard. The diagnosis is naturally difficult, because of the irregularity of the symptoms, the frequency with which it is simulated by other conditions, and the ease with which the bleeding with or without expulsion of the deciduous may be taken for ordinary abortion. Probably there are few conditions more plain to the careful observer than a typical case of exfetation, but comparatively few cases are typical. The diagnosis of abdominal pregnancy is rather rarely made prior to false labor, for the reason that the physician's attention is seldom called to the case. We should regard sudden collapse associated with pallor and other symptoms of intra-abdominal hemorrhage in any woman having a possibility of pregnancy as prima facie evidence of a ruptured ectopic gestation sac. A period of amenorrhea usually precedes the bloody discharge which does not correspond in nature or necessarily in point of time with the natural monthly bleeding. Important points relative to the bleeding are the color, the persistence, and the presence of membrane or pieces of membrane. Among the most characteristic symptoms are the variable period of amenorrhea, irregular uterine hemorrhage, the pelvic pain, and discomfort, and the shedding of the uterine decidua. This pregnancy is like a mine, ready to explode without a moment's notice, and it is highly important that the patient be in easy reach of competent surgical skill at all times. It is nearly always best to approach these pregnancies by a median laparotomy. Complete removal of fetus membranes, and placenta is highly desirable. By reason of dense adhesions, great danger of hemorrhage or dangerous condition of the patient, this procedure will at times be impossible. Under such circumstances the edges of the opening in the sac should be sutured to the parietal peritoneum and the sac carefully drained. The placenta in such cases will come away gradually by fragments, and in two or three weeks its exfoliation will have been complete. Surgical intervention should take place as early as possible after the death of the fetus. If the cyst in such cases is in the cul-de-sac vaginal section is appropriate; after the extraction of fetus and placenta the cavity had best be packed with a 5 per cent iodoform gauze. I wish to urgently emphasize the absolute necessity for removal as early as a diagnosis can be made, and the stringent indication for immediate operation when

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we see a pregnant woman showing symptoms of intra-abdominal hemorrhage.

The author reports a case in which the diagnosis was made prior to rupture but operation was not resorted to until a short time after rupture had taken place. Although the placental implantation was very extensive a complete operation was performed. Although the patient was in a very bad condition from hemorrhage and shock under prompt stimulation she reacted and made an excellent recovery, the wound uniting by primary intention without drainage.

The writer summarizes his paper as follows: The greater frequency of ectopic pregnancy than the number of observed cases would lead us to believe: The usual irrelevant and a typical nature of the symptom; the difficulties in the way of making a diagnosis and necessity for careful study of the cases, in which the condition might be suspected, both in its present and past aspects; the importance of studying the character of the uterine discharges; the association of this with pelvic pain and discomfort, and the signs of pregnancy; the advantages of prompt operation, removal of blood and other debris by dry sponging without irrigation, thorough hemostasis, and the closure of the wound without drainage.

SCOPOLAMINE NOT HYOSCINE!

In the Archiv fuer Gynaekologie Steffen gives some interesting details as to the use of scopolamine-morphine by Leopold. The latter has employed this method in three hundred labor cases. His verdict is that the method does not accomplish the desired results, it can not be regarded as harmless for mother and child, and in private practice the by-effects liable to develop may render medical aid requisite at any moment. When men come to conclusions so opposite as those of Leopold and those reported by Gauss, we, to whom each observer is equally trustworthy and free from bias, can only attribute the diversity to a difference in technic. That this is so may be seen by Gauss' examination of Hocheisen's method. Gauss secured a specimen of the solutions employed by Hocheisen and tried them in ten cases, the results being far worse than those reported by Hocheisen. Every objection raised by Leopold has been examined and disproved by Gauss in his much larger experience. Weakness of the labor pains did not occur to any material extent, more frequently or more markedly than in cases where this anesthetic was not used, nor were version and forceps required with greater frequency. The vomiting could only have been accidental, since it did not occur in Gauss' cases, excepting when it had commenced before the anesthetic was given. So also as to the perils to the child; Gauss showed that the mortalities of both mother and child were much less than they had been before this anesthetic was employed.

The extract, as presented in The Journal of the American Medical Association, gives palpable evidence of anxiety to make out a case against this anesthetic method. Even Gauss is made to rank as an objector to the method, by quoting eight troublesome cases which occurred, out of his one thousand; just as if such things never happened unless sopolamine was employed. To any one who wants the whole truth, and not garbled ex parte statement, we refer to Gauss' statistics as given by Holt, in the May number of The American Journal of Clinical Medicine. But even were the account given a fair one, the reader will note that it nevertheless relates to the use of scopolamine, which, as commercially presented, is not the same thing as the hyoscine used in America. It is much as if men should insist that, because Germans injure themselves drinking too much beer, we in America should abstain from coffee.

The above being the gist of our knowledge of this subject to date, and the therapeutic difference between hyoscine, a true alkaloid, and scopolamine (or so-called hyoscine from scopola—a serious error of nomenclature) a mixed, uncertain product, being well established in favor of hyoscine, we caution our readers who are interested (and all should be) to use only H-M-C Abbott (hyoscine, morphine and cactin comp.), the original American product and one which, like all

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the Abbott line, may be depended upon.—The American Journal of Clinical Medicine.

"AN INVESTMENT OPPORTUNITY WITHOUT A CASH PAYMENT."

A few days ago I received a printed communication by mail from a strange firm in New York City, doubtless in common with thousands of others, presenting as I thought a peculiar standard of morals and a certain amount of mystery as to commercial character. The firm or company may possibly possess morals and merit, but if it does I don't know it. The envelope bore the firm name on the outside, and enclosed a postal card bearing a stamp, and it proposed an opportunity to make an investment without a cash payment. Curiosity if not the desire to use the postal card led me to sign and remail it.

A few days later I received a large envelope enclosing two pages of printed matter. I was offered on paper $5.00 worth of oil stock in return for five names and addresses of my friends or acquaintances known to be interested in mining, oil or industrial investments, and I was told in italics that "whatever names you send us will be held strictly confidential." In other words I was assured that any effort on my part to deliver my friends into the hands of unknown persons, promoters, or speculators, "will be held strictly confidential." But the so-called "application form for stock" was still bolder. After providing five blank ruled lines for the expected names, number and streets, towns (or cities) and states, of my "friends," I was asked: "P. S.—Would you personally invest $100 in a safe 10 per cent dividend paying stock? Yes or No." Under the head of "Instructions" I was requested not to send the names of millionaires or very wealthy people, since only the names of small investors were desirable, and by way of example, the names of mechanics, clerks, physicians, dentists, school teachers or small storekeepers were suggested. The comment suggested by this communication is obvious. These promoters of the rankest kind of speculative schemes name physicians as their clients, victims I should have said in probably ninety-nine cases in every hundred.

Right thinking persons would not forward the names and addresses of their friends covertly, or for that matter openly to promoters of investments of uncertain or unknown value; such a step might cause a great deal of annoyance if not a positive loss. For one to forward the names of his friends in a confidential way is equivalent to asking one to undertake the role of a Judas—at least in degree.

Such communications as the one referred to addressed to members of the profession are not at all complimentary to the intelligence or position of the profession as a whole, or to the individual addressed, any physicians should frown on all such questionable practices—I mean efforts—to make them agents for wildcat financial schemes.

It is a cause for sincere regret that so many physicians take the bait of cunning promoters and schemers. So many of them become agents indirectly for worthless stock, while many more spend hard earned dollars in wildcat investments. Is it strange that physicians are so frequently classed as "not good business men?"

W. W. VINNEDGE.

TRAUMATIC ANEURISM.

A most interesting case of traumatic aneurism of the common femoral artery has been reported by Dr. J. C. Oliver (The Ohio State Medical Journal, Reprint, March, 1907). On the 18th of June, 1906, a colored man was shot, sustaining three wounds, two minor, but in the third the bullet entered the left thigh upon its outer anterior surface about the middle of the upper third. A skiagram located the bullet in the perineum to the left of the urethra. There was much swelling in the scrotum and perineum and left inguinal region from blood effusions, but a catheter passed readily into the bladder and withdrew normal urine. Three days after the receipt of the injury a pulsating swelling just below Poupart's ligament was first observed, being somewhat internal to the line of the femoral artery. Much pain was experi-

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enced by the patient. In view of the location of the aneurism it was thought best to refrain from an early operation in order to permit of the establishment of good collateral circulation. There was no evidence of gangrene. When the wound was eight days old the swelling was more pronounced, "two extensive swellings with an area between them in which pulsation was very much less than on either side of it, but a bruit could be heard plainly over this strip." From this time forward objective conditions continued unchanged, and twenty-four days after the injury the patient was given an anesthetic and the external iliac artery was exposed above Poupart's ligament extraperitoneally and a silk thread passed around it, but not tied. Traction upon this silk loop caused the pulsation in the artery and sac to cease. Incision soon proved the aneurism to be of the false variety; that is its sac was composed of the tissues of the thigh. With traction on the silk thread the sac was laid freely open and a large amount of blood clot removed. This was followed by profuse hemorrhage—not spurting, but arterial—to an alarming degree, threatening the life of the patient forthwith. To prevent this the hand was quickly inserted in the wound above Poupart's ligament and the perineum pushed upwards until the common iliac was reached, when it was found that digital pressure upon this controlled the hemorrhage. With the lower wound cleared of the blood "a rent about one inch long in the inner side of the femoral artery was found to be the source of the hemorrhage." The tear in the artery was so high up that it was elected to suture the wound in it rather than try to ligate the vessel above the wound in the usual manner. A piece of chromicised catgut (No. 2) was employed and the vessel was sutured from above downwards, care being taken to pass the needle through all its coats. After being satisfied of complete hemostasis the incisions were sewed up. There was some slight edema of the leg following the operation, but that passed away in a few days and the patient made an uneventful recovery.

The author's concluding paragraph says his "experience in lateral suturing of large arteries is limited to the one case herewith reported. It is hardly wise to draw conclusions from one case, but the case with which the desired result was achieved and the very satisfactory after-history of the patient inclines one to urge the adoption of this method whenever it is practicable.

W. W. VINNEDGE.

PATHOLOGY OF EPILEPSY.

The mystery of the pathology of epilepsy has caused a great diversity of opinions and treatments of that disease. The same is true of mental derangements following injuries of the head. Dr. Burnard Hollander (The Lancet, March 9, 1907, pp. 657-658) has been helped in a large number of cases as to treatment by the hypothesis of localization of brain function. These psychoses were traced in many instances to injuries so slight that they were overlooked at the time and not suspected of being the cause of pathological changes until trephining was done. In illustration a case of severe mental depression and finally transient attacks of word blindness is introduced, and what makes the case more interesting is the fact that the patient was an experienced physician, and as far as possible helped his physician arrive at a diagnosis. The study of the patient's symptoms led the doctors to conclude that the disease was originally limited to the neighborhood of the supramarginal and angular gyri, and that it had subsequently spread downwards over the posterior temporal area judging by the symptoms of irritability and delusions of suspicion. Careful inquiry disclosed the fact that this part had been actually injured, though there was no outward visible sign of it.

The patient, a physician, 39 years old, with a negative family history and no previous illness, received a kick from a horse on the right side of the chin in 1896, followed by severe frontal headache and neuralgia pain. A year later he had a heavy fall from his cycle. striking on the right side of his head, followed by severe hemicrania, but leaving no visible sign of injury, but preventing all intellectual work, and at the same time

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showed definite character changes. He became emotional, anxious, very depressed, accused himself of unpardonable sins, developed suicidal ideas, grew suspicious, easily offended, irritable, profane, erotic, sustained uncontrollable fits of sexual excess, constipation, persistent insomnia, and sensory disturbances of the left arm. He tried travel as a remedy, but his strange conduct frequenty led him into difficulty. In the spring of 1905 he first had an attack of paralysis and symptoms of word blindness; depression and headache increased and he sought relief through operation. October 9. 1905, an operation for his relief was done by Mr. William Turner under chloreform anesthesia. After his head had been shaved a slight scar became visible two inches behind the right ear, two inches long, commencing behind the parietal enimance in the situation of the angular gyrus and extending vertically downwards, corresponding to the posterior part of the temporal convolutions When the flap was raised for trepanation the scar tissues were found firmly adherent to the bone. Two trephine openings were made, one 1 inch in diameter and the other 11-16 of an inch just below and a little behind the other and joined together. The bone over the angular gyrus was found thickened and hardened, with scarcely any diploe and the dura mater was adherent to it. When the bone was removed the dura mater bulged into the opening, but showed no signs of pulsation, although the pulse of the patient at the time was quite strong. On cross incision of the dura mater a stream of clear fluid escaped. The membrane was opaque and thickened, but the brain appeared normal, as did the neighboring parts. The dura mater was stitched together and the periosteum over it, but the pieces of bone were not replaced. A drainage tube was kept in the scalp wound for three weeks, during which time the patient continued to have occasional seizures of depression, irritability, headache and trigeminal neuralgia, but with the closing of the wound all these untoward symptoms disappeared. November 15th the wounds were healed and the brain through trephine openings and scalp could be felt pulsating, and there was no protrusion, no tenderness of surrounding nerves, and the patient's general condition was quite well. On February 20, 1907, the patient reported himself as absolutely well. He has resumed interest in all the affairs of life. Surgically the head is now perfect in appearance and there is no tenderness anywhere.

W. W. VINNEDGE.

OUT OF THE MOUTHS OF BABIES.

Though an aristocrat from head to foot, five-year-old Bernice came to kindergarten with her small hands chapped terribly, an evidence of lack of groomnig that astonished Miss Violet.

"Bernice," she suggested, "ask your mamma to put some cold cream on your hands, so they won't hurt and be rough." But the hands grew no better. After several days Miss Violet asked:

"Did you tell your mamma about the cold cream, Bernice?"

The child looked up, solemn-eyed.

"My hands can't be chapped. Mamma says it's only mortal mind, and I must get over it."

Then Miss Violet remembered that "mamma" was a Christian Scientist.

—July Lippincott's.

GOOD USE FOR IT.

Two Irishmen were passing a big jewelry store, in the window of which were displayed a lot of loose diamonds, rubies, emeralds, and other precious stones.

"Ah, Pat," said Barney, "they be foine stones. How would you like your pick?"

"Och, be jabers!" replied Pat, "I'd rayther hov me shovel!"—July Lippincott's.

POOR CONSOLATION.

Aunt Lucindy was in deep distress over the loss of her son Jim. and a neighbor sought to console her, saying:

"Don't grieve for him, Aunt Lucindy. He has gone to a land flowing with milk and honey."

With a dismal countenance, the old darky replied:

"Jim never did like milk. an' honey always made him sick."—July Lippincott's.

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MEDICAL MISCELLANY.

INDIANA UNIVERSITY SCHOOL OF MEDICINE.

The annual announcement of the Indiana School of Medicine for 1907-08, including announcements of the affiliated State College of Physicians and Surgeons has been received. The introduction gives a history of medicine at the University from the adoption of the charter in 1838 to the present time. A description of the well-equipped laboratories shows that the opportunities for thorough medical teaching can not be excelled elsewhere and perhaps it may be said it can be equaled only in a few of the large medical centers. The first two years of the regular four years' medical course is given in the Indiana University School of Medicine and the completion of these two years' work gives students Junior standing in the State College of Physicians and Surgeons affiliated with Indiana University and any other school of high rank. Some of the advantages which are especially noteworthy in addition to the superior laboratory instruction are, the length of course, the collegiate work preparatory to medicine, and the important feature of the faculty devoting their entire time to the work.

The Junior and Senior years are taken at the affiliated college at Indianapolis. At the meeting of the Council of Education of the American Medical Association, in Chicago, April 29, 1907, the State College of Physicians and Surgeons in affiliation with Indiana University was placed in the first rank of colleges of the United States. At the meeting of the Association of American Medical Colleges at Washington, D. C., May 6, 1907, the State College in affiliation with Indiana University, was elected to membership in that Association.

This pamphlet gives a description of the State College Hospital and its advantages, also the College Dispensary where the student has the opportunity of visiting from 50 to 100 patients a day, especially during his interneship; an advantage shared by all.

The thorough work of each department is outlined in detail so that the reader can easily understand what a good medical education means.

The number of hours spent in medicine is more than 486, since there is a three months' service in the dispensary. The number of hours in obstetrics is 128, but including outdoor work it will exceed 160 hours, since each student attends from 6 to 25 cases.

The first class graduated from the State College May 18, 1907, and numbered 24. The degrees were conferred by President W. L. Bryan at Indiana University.

The total enrollment of medical students in all classes was 109 and of premedical students 37, making a total of medical and premedical of 146.

HOFFMAN HOSPITAL.

Miss Anna K. Bitner, who has several times visited relatives in Indianapolis, is now superintednent of nurses at the Hoffman Hospital, Keyser, W. Va.

The third annual report shows that since the opening of the hospital there has been admitted 441 patients, 336 males and 105 females; these are divided into medical 166, surgical 362, gynecological 83. There is also a training school for nurses.

DR. ARONSTAM IN BERLIN.

A letter from Dr. N. E. Aronstam, one of our collaborators, dated Berlin, June 24, 1907, states that he is well pleased with the genitourinary clinics and that success is being obtained by the treatment of syphilis with a new remedy which he will describe in his clinical notes to The Monitor in the near future.

DR. HUTCHINS WEDS.

The marriage of Miss Luella McWhirter, daughter of Mr. and Mrs. Felix McWhirter, and Dr. F. F. Hutchins took place June 12, in the Central Avenue M. E. Church. Only the immediate family

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and intimate friends were present. The ceremony was pronounced by Dr. J. P. D. John, formerly of DePauw University. Dr. and Mrs. Hutchins will return from their wedding trip in September and will live at the Arundel, on North Delaware street. Dr. Hutchins is a prominent alienist and one of the collaborators of The Monitor. We extend congratulations.

THE A. M. A. OFFICERS.

At the annual meeting held at Atlantic City, June 3 to 7, the following officers were elected:

President, Dr. Herbert L. Burrell, Boston.

Vice Presidents, Dr. Edwin Walker, Evansville, Ind.; the Honorable Hiram R. Button, M. C., Delaware; Dr. George W. Crile, Cleveland, O.; Dr. W. Blair Stewart, Atlantic City, N. J.

Secretary, Dr. George H. Simmons, Chicago, Ill.

Treasurer, Dr. Frank Billings, Chicago, Illinois.

Trustees, Dr. J. T. Happel, of Trenton. Tenn.; Dr. W. W. Grant, of Denver, Col.; Dr. Philip Marvel, of Atlantic City, N. J.

The meeting for the next annual session is Chicago.

H. O. RUH WINS PRIZE OF $250.

Harold O. Ruh, of the 1907 graduating class of Indiana University, has received $250 from the Rockefeller Institute for Medical Research to continue investigation in phagocytosis, in the pathological laboratory of Indiana University. Mr. Huh's research has been favorably received by the State and national medical societies before which it has been presented. In making this appropriation, the Rockefeller Institute has done honor to the department of pathology of Indiana University, and has shown its appreciation of the generous support the university has given pathological research.

CHANGES AT THE CITY HOSPITAL.

Dr. Norman E. Jobes retired as superintendent of the Indianapolis City Hospital July 15, and after a trip to Mexico will practice medicine in this city. Dr. Jobes has been an efficient and painstaking officer and his many friends will wish him success in his new field of work.

The successor of Dr. Jobes is Dr. J. L. Freeland, who has practiced medicine in Indianapolis several years. The doctor has visited some of the eastern hospitals recently in order to perfect himself in the details of hospital work.

LIBRARY DONATION.

Mrs. R. E. Stephens, of Indianapolis, has a medical library formerly the property of her father, E. W. Chadwick, who purchased it from Dr. Ezra Reed, who died at Terre Haute about 1875. Mrs. Stephens has written to Sallie C. Hughes, who is librarian of the Emeline Fairbanks Memorial Library at Terre Haute, offering the library as a donation. It is said that the gift has been accepted.

MEDICAL LECTURES IN THE PARKS.

Under the auspices of Drs. Eugene Buehler, J. N. Hurty and E. F. Kiser, a series of lectures will be given in the city parks on tuberculosis, its prevention and cure. It is the purpose to make an effort to educate the people. The lectures will be illustrated by a stereoptican.

INDIANAPOLIS VICTIMS JULY 4TH.

Number injured, 37. By fire crackers, 8; weapons, 6; cannon crackers, 5; fireworks, 5; powder, 2; cannon, 1; cane, 1; miscellaneous, 6. Number of arrests, 44 Fire loss, $6,000.

OUR CYNIC'S PHILOSOPHY.

The man who is not in love with his profession is simply carrying on a flirtation which will surely end like others of its kind.

When one expert swears that its morning and the other that its night, it must be difficult for the jury to tell the difference between black and white.

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The doctor's vacation may seem to take a shingle off his roof but it adds years to his life.

When a dead cinch fails, post-mortem tales are seldom related.

Flowers contain messages of love and sympathy which language can not otherwise express.

Nature surely smiles when a patient takes a placebo.

"Smokeless opium," "alcoholless whiskey" and "nicotineless tobacco" would be like a jewelless casket.

A weather-vane is an index of the wind's course, and windyness in a man is the index of a shallow brain.

A man who carries water on both shoulders is sure to get wet.

When a kind word fails to turn away wrath, patience ceases to be a virtue and the manly art is a good remedial agent.

The Golden Rule is the best antidote for the poison of malice.

Gray hairs should command respect anywhere and always, except in the butter.

If a bird in the hand is worth two in the bush, a fee in the pocket is worth two in the ledger.

When a woman is married for her money it is generally her only redeeming trait.

If circumstances are the source of high priced talent, it is sometimes rather nice to be the victim of circumstances.

SIN IC.

EXAMINATIONS BEFORE STATE MEDICAL BOARD.

The Indiana Board of Medical Registration and Examination has made its report of the grades made by the recent graduates who took examinations for license to practice medicine. There were 139 candidates, of these eleven failed. Three had been before the board several times. The highest grade 944 was a tie between W. D. Martin of the State College of Physicians and Surgeons, in affiliation with Indaina Uuiversity and Theodore Dodd of the Indiana Medical College. The winners of the second and third places were L. E. Cox 942, and Homer Woolery 939, graduates from the State College. The fourth place was obtained by R. S. Hart 938, of the Indiana Medical College, the fifth by V. N. Fackler 937, of the State College, then follows H. G. Gram of Rush Medical College 934, and E. A. Pape 933, of the State College.

In the first fifteen the State College has eight of its graduates, no other College has more than four. From this College eleven were 900 or above, almost reaching this grade by a class average, the highest ever made before the medical board. The greatest number taking examinations were from the State College of Physicians and Surgeons and the Indiana Medical College. The State College had no failures and the Indiana Medical College had five who failed to pass.

Other than the names heretofore given the following obtained a grade of nine hundred or above.

O. A. Turner, Indiana Medical, 932; Walter T. Payne, State College, 929; C. W. Carter, Chicago P. and S., 927.6; L. H. Shaw, State College, 926; M. F. Daubenheyer, State College, 924; M. E. Clark, American School of Osteopathy, 923; F. C. Lamar, Louisville Medical, 922; David W. Bopp, Indiana Medical, 921; H. K. Mouser, Indiana Medical 920.2; E. J. Blickenstaff, State College, 917; Frank H. Foster, Indiana Medical, 913; Ed. M. Glaser, Indiana Medical, 911; Scott Runnels, Indiana Medical, 910; H. E. Steinman, Indiana Medical, 908; Lindley H. Stafford, Physio Medical of Chicago, 908;

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W. H. Baker, Indiana Medical, 908; R. B. Crabill, State College, 907.2; John H. Eberwine, Indiana Medical, 905; O. E. Brendel, Physio Medical, Indianapolis, 905; F. W. Smith, Indiana Medical, 903; David A. Herron, Indiana Medical, 903; Fred W. Mayer, Indiana Medical, 903; Forrest J. Young, Indiana Medical, 901; Wallace Grayston, Northwestern Medical, 901; J. C. Kirkpatrack, Indiana Medical, 902; T. C. Louks, Indiana Medical, 901; E. O. Little, State College, 900; S. W. Bailey, S. S. School of Osteopathy, 900.

Two of those who failed to pass are graduates of the Eclectic Medical College of Indianapolis, one from Rush Medical College of Chicago, one from the Eclectic Institute of Cincinnati, one from Hospital Medical College of Louisville, and one from Illinois Medical College of Illinois.

INDIANAPOLIS MEDICAL SOCIETY

Meeting of May 21, 1907.

The Society was called to order by the President, Dr. Pfaff. The minutes of the last meeting were read and approved. The application of Dr. G. A. Coble of New Augusta was read the first time and ordered posted. The chair called attention to the death of Dr. J. T. McShane and upon motion was ordered to appoint a committee to draft a suitable memorial. The Secretary, at the request of the Secretary of the State Medical Association called attention to the coming meeting and urged all the members to attend and welcome the visitors.

Dr. F. F. Hutchins read the first paper of the evening entitled, "Spastic Diaplegia." (Abstract not furnished.)

Dr. H. R. Allen read the second paper entitled. "Treatment of Spastic Diaplegia."

Cases in which the original cause can be corrected by medicine or surgery are exceedingly rare. Cases in which original cause can not be thus influenced represent the great majority and to these cases the following treatment is essential:

The treatment does not refer to idiocy which occasionally is a complication of spastic diaplegia. It does not refer to the treatment of any of the special senses. It is merely the application of common sense principles that have been found efficacious in correcting spastic deformity and in education of muscular movements.

The treatment is subdivided under two heads: "Correction of deformity" and "muscle training." Logically the correction of deformity must preceed muscle training so that the muscles may have normal possibilities. The surgical procedures are important although insignificant when compared with the importance of scientifically constructed and appropriately adjusted braces. The surgical work is restricted to tenotomies, tendon splicing and transplantation of tendons. Frequently the braces dispense with all surgery.

The education of muscles depends upon the principle of efficient resistance to all motion produced by contracting muscles except those muscles that are intentionally set free to produce the one motion desired. The muscle training consists in the frequent repetition of certain muscular movements unresisted by mechanical appliances.

After one simple muscular movement becomes strong and is under easy voluntary control then other movements for the same joint or for other joints are educated and developed until these apparently hopeless and helpless creatures learn to walk and to use their arms and learn to use them well.

Discussion.

Dr. C. F. Neu referred to the congenital and acquired causes. The congenital are due to arrest or imperfect development; the acquired may be infantile or adult. The congenital and infantile often have their origin at birth from a cerebral hemorrhage but the active symptoms may not make their appearance until some time later. The type appearing in adults is always acquired and its causes are either traumatic, inflammatory, vascular or toxic. In the infantile or congenital cases mechanical means usually correct the deformity. If neglected and allowed to become fixed operative measures become necessary.

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Dr. Sterne referred to the frequency of this condition in children. He believes it is usually due to arrest of development; and is comparable to the arrest of other functions notably mental. Much depends upon impairment of cerebral function. Congenital cases are not entirely cleared up. While operating upon two cases he discovered a condition not referred to in any of the text-books. This was the presence of some peculiar, firm cartilaginous bodies scattered over the surface of the body. The second case was not so pronounced. Both of these recovered to a great extent the motor power lost and have become well and hearty. Most cases are due to organic impairment of the motor cells of the cortex either alone or in combination with other cells. The treatment apart from those of specific origin must be orthopedic in character. He feels assured that many infantile cases are of inflammatory origin which modifies the bony development and not the brain and so operative measures often prove beneficial. In dealing with a peripheral or spinal palsy we are dealing with an actual atrophy, a dead nerve that leads to the actual destruction of the muscle. This must be kept in mind in operative measures as the nerve dies approximately first and nerve implantation may bring good results. It has always been a question as to whether the adding additional weight to a palsied limb by the use of a mechanical apparatus is justifiable. Nerve implantation offers the greatest hopes particularly in the flaccid form. He does not believe that much can be expected from education in those cases where there has been a loss of cortical tissue as there are but few if any accessory centres.

Dr. Ross mentioned the painful picture of many of those deformed cases. In treatment the deformity must be overcome. Tendon implantation has not brought the hoped for results. If nerve implantation accomplishes much we will have cause to be much gratified. Mechanical means have certainly proven beneficial.

Dr. Wynn introducted Dr. Wells of Colorado Springs who was invited by the chair to participate in the discussion. He complimented the writers and spoke of the great development of specialism of the present day. He, himself has been working on tuberculosis.

Dr. Hutchens and Dr. Allen closed the discussion and the Society adjourned.

R. H. RITTER,

Secretary-Treasurer.

Meeting of May 27, 1907.

The Society was called to order in the Clinical Amphitheatre of the City Hospital by the President, Dr. Pfaff. The usual order of business was dispensed with and the program taken up.

Pleural Effusion and Tubercular Perotinitis.

The first case was reported by Dr. C. R. Sowder and the patient presented. The patient illustrated the usual diagnostic points of a pleural effusion which were demonstrated by Dr. Sowder and their value discussed.

Case 2. Tubercular Peritonitis. Boy, aged 16. One sister died of pulmonary tuberculosis. Present trouble began rather acutely about seven weeks ago with pain and tenderness in the abdomen. The body is emaciated, abdomen distended. There is a flat percussion note in the flanks changing its position with change in the position of the body. Fluctuation is distinct. Patient complains of pain in the chest and there are suspicious alterations in the breath sounds. The symptoms at the beginning of this affection sometimes simulate closely those of appendicitis and it is no discredit to make this mistake in the diagnosis.

As for treatment, puncture of the chest cavity gives little curative results. In tubercular pleurisy aspiration is of questionable value. In tubercular peritonitis the proper procedure is surgical. Most cases terminate fatally. There is always one danger in operating about the chest. There may be an abscess in the lung tissue which has caused the trouble in the pleura. This is very liable to communicate with a bronchus and lead to a persistent fistula.

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Panaritium.

Dr. Henry Ostroff. Case of panaritium. Usual history of traumatism, this patient receiving a slight injury while cleaning fish. Primary infection occurred on first phalanx of thumb. When patient was first seen there were marked constitutional symptoms of sepsis, the hand was swollen and edematous. Fluctuation could be plainly felt both on the planter and palmar surface of the finger. He made two incisions at first, finding only a few drops of pus. Since then he has had to make numerous openings as new points of softening appeared. He detailed the history of five other cases showing the similarity in the history of this class of cases and the difficulty in their treatment.

Tubercular Joints.

Dr. H. R. Allen. Case 1. Tubercular shoulder joints with resection of the head of the humerus. Some ability to abduct and extend arm forward and back. Radiograph showed a small nodule in the lung.

Case 2. Carpenter, aged 38. Suppurative arthritis. Mother died of tuberculosis. Previous health good. Several weeks before admission to the hospital he had the first attack of inflammation of the joint which recovered spontaneously and quickly. Two weeks later the same joint became again inflamed, swelled up in one night and has shown no disposition to improve. In a short time rupture occurred unaided. Tubercular cases do not develop as rapidly as this.

Case 3. Male, aged 23. Tubercular hip joint. Previous health good. Has had typhoid fever, chancroidal buboes and one attack of acute articular rheumatism. Present trouble began in right hip and knee four weeks ago. In all cases of tubercular joint affections temperature is very fluctuating and of no real significance. Amputation in these cases may be at times advisable in adults but never in children. Dr. Allen described the form of brace that would be best suited to the various conditions of hip joint disease.

Society adjourned.

C. F. NEU,
Sec. Pro Tem.

NEWS ITEMS.

Dr. Amelia R. Keller, who has been sick for several weeks, has resumed her practice.

Dr. W. B. Ryan, physician and poet, entertained the alumni association of the Central University one evening in June by reciting his original poem, "Old Zeke." The press was very complimentary in its notice of the author.

Dr. Wickens now has charge of the male medical ward at the city hospital. It is the first time this position has been filled by a woman interne.

Dr. W. H. Foreman will visit the hospitals in Philadelphia during July and August, and Dr. H. H. Wheeler, on a similar mission, will go to Chicago. "Ye editor" will also hie to the windy city.

Dr. E. O. Little has located at E. 22d street. Hours 10-11 a. m., 2-4 and 7-8 p. m. Office, new phone 1 ring 8170, residence, new phone 2 rings 8170; old phone North 1533.

Dr. Marie Haslep has removed her office to 1519 N. Illinois street. New phone 4939.

Dr. E. M. Amos did some hospital work in Ann Arbor, Mich., during June.

Dr. E. F. Kiser, superintendent of the City Dispensary, has returned from Philadelphia where he has been studying hospital methods with a view to instituting a tuberculosis clinic in Indianapolis.

Dr. David C. Peyton, of Jeffersonville, Indiana, President of the State Medical Society, stopped in the city for a few hours last week.

Dr. John R. Thrasher spent June and part of July attending medical clinics in Philadelphia. Dr. Thrasher is now located at 320 N. Meridian street.

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Dr. Paul B. Coble spent a few weeks at the School of Medicine of Indiana University doing special work in the anatomy of the ear, nose and throat under Prof. Myers.

Prof. A. G. Pohlman, of the School of Medicine of Indiana University, has been doing some research work in embryonic circulation, which it is stated will prove some of the older theories concerning this subject somewhat in error.

Drs. C. R. Sowder and R. O. McAlexander spent the greater part of June in the clinics of Philadelphia.

Dr. E. O. Lindemuth has returned from a visit to his old home in Philadelphia.

Drs. Ernest DeWolf Wales and J. F. Barnhill attended the American Laryngological, Rhinological and Otological Society in New York City the week preceding the American Medical Association. Dr. J. F. Barnhill was elected vice-president of this association and chairman of the Middle Section, the mid-winter meeting of which will be held in Indianapolis on Washington's birthday, 1908.

Dr. Sidney J. Hatfield spent the months of May and June in the gynecological clinics of Philadelphia and New York.

Dr. W. H. Link, after a long and serious illness, is gradually improving and will soon be able to take up his practice.

Prof. B. D. Myers, of the School of Medicine of Indiana University, visited Indianapolis last week for the purpose of inspecting the recent improvement to the State College Hospital.

Dr. Arthur E. Vinton, the eye, ear, nose and throat specialist of Muncie, visited Indianapolis on business one day last week.

Dr. H. E. Woodbury, who was recently elected associate professor of obstetrics in the State College of Physicians and Surgeons, is spending the summer in post graduate work in that subject in Boston. Dr. Woodbury is a graduate both of the Harvard Literary and Medical Schools, and practiced medicine at Boston several years before locating in Indianapolis.

Dr. H. C. Parker, recently of Boston, Mass., and assistant professor of ophthalmology of Tuft's Medical College, of Boston, has located in Indianapolis for the practice of the diseases of the eye. Dr. Parker is located at 320 North Meridian street.

Dr. X. Y. Smith, lecturer in obstetrics in the State College of Physicians and Surgeons in affiliation with Indiana University, will depart early in the fall for two years' post graduate work in Europe.

Dr. and Mrs. O. C. Neier, of Irvington, visited Washington and the Jamestown Exposition subsequently to the meeting of the American Medical Association at Atlantic City.

Dr. and Mrs. John B. Long attended the meeting of the American Medical Association at Atlantic City.

Dr. Silas T. Richman, of Chicago, who is supreme medical examiner of the United Order of Foresters, visited Indianapolis June 15 in the interest of the order which he represents. The doctor incidentally took occasion to spend several days visiting friends and relatives.

The editor of the Monitor was pleased to be visited during June by Rev. Ditto, formerly of DePauw University, and Mrs. Florence Weir Hays Ditto. Mr. and Mrs. Ditto for several years have been located in British India. Mrs. Ditto graduated from the Central College of Physicians and Surgeons in 1890 and was class valedictorian.

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Dr. Goethe Link has been elected a member of the Indianapolis Historical Society.

Dr. Frank Foxworthy will go to Europe in September.

Dr. T. C. Hood will go to Glen Springs, Col., for a vacation during August.

Dr. W. F. Clevinger will take a fishing trip to Canada waters near Vancouver.

BOOK AND JOURNAL REVIEWS.

The Practitioner's Library of Gynecology, Obstetrics and Pediatrics, in Original Contributions, by eminent American and English authors. The Practice of Gynecology, edited by J. Wesley Bovee, A. M., M. D., Professor of Clinical Gynecology in the George Washington University, Washington, D. C. Large octavo, 836 pages, with 382 engravings and 60 full-page plates in colors and monochrome. The Practice of Obstetrics, edited by Reuben Peterson, A. B., M. D., Professor of Obstetrics and Diseases of Women in the University of Michigan, Department of Medicine and Surgery, Ann Arbor, Mich. Large octavo, 1087 pages, with 523 engravings and 30 full-page plates in colors and monochrome. The Practice of Pediatrics, edited by Walter Lester Carr, M. D., Consulting Physician to the French Hospital; Visiting Physician Infants' and Children's Hospital, New York. Large octavo, 1014 pages, with 199 engravings and 32 full-page plates in colors and monochrome. Price per single volume, cloth, $6.00; leather, $7.00; half morocco, $8.00. Price for any two volumes, cloth, $11.00; leather, $13.00; half morocco, $15.00. Price for the three volumes, cloth, $15.00; leather, $18.00; half morocco, $21.00.

The whole domain of the major specialties seems to be carefully covered by this series. Facts are here found in accurate detail which can not be obtained in the works on general practice. The most advanced thought relative to each subject is plainly set forth. The knowledge of others is not overlooked, and yet value is increased by the author's own observations. Therapeutic measures which have given success are embraced in the description whenever appropriate; this I consider an item of great importance. The illustrations from drawings and photographs make the text plain. The volumes can be obtained separately by those interested in an individual department, but it is to the advantage of the physician to possess the whole library.

The volume on gynecology is a treatise on the generative organs, neighboring organs, the urinary system and rectum. Its scope is comprehensive and practical throughout. A review can not do justice, to appreciate its value it is necessary to possess it and be careful not to omit a page in its perusal.

Warder takes up the examinations of the pelvic contents, then follows developmental anomalies of the female generative organs by Bovee, menstruation by Goffe and the uterus, perineum, vagina, rectum, are subjects instructively treated by Noble, Bovee, Miller and others.

It would seem folly to particularize, yet I desire to call especial attention to some other topics by Dr. Bovee, viz., abnormal condition of the urinary tract and surgical conditions of the kidneys and ureter; also affections of the bladder and urethra.

In this treatise, after a familiarity of the parts is obtained, the authors give the what, how and when in splendid detail.

The volume on obstetrics neglects nothing in the theory and practice. The treatment of the subject has a completeness about it which is unusual, and besides, experience has furnished the foundation.

First, very wisely, normal conditions are given, then follows abnormalities. It is difficult to obtain apt illustrations for a work of this kind and yet upon this point depends much of its practical value. It is of importance to the beginner as

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well as to the experienced. The thoroughness of this book's illustrations and descriptive matter should insure for it a large sale, it is appropriate for all classes who are seeking instruction.

The arrangement will indicate to the reader some points in reference to method. In the opening chapter we find the physiology and development of the ovum, by Huber; and similarly described there follows pregnancy, by Manton; labor, by Dorland; puerperium, by Lewis. Next in order comes pathology of these subjects by Ehrenfest, Moran and Lewis respectively. Obstetric operations, by Crockett, opens with requisite procedures, abortion, injuries of soft parts, major operations, closing with those of a miscellaneous character. As a finale of this volume, we find new born infant as a title. This is of equal importance and to some will be the most interesting. Lewis takes up the physiology, management of the both full term and premature. Appropriately, artificial feeding comes before injuries and diseases of the newborn. The text, illustrations and general make-up of this treatise surely can have no superior. A physician is fortunate to possess one volume of the library, but to be the owner of three is of more than triple value.

The Practice of Pediatrics by Walter Lester Carr is equally as praiseworthy and was reviewed at length in the August issue of the Monitor.

Lea Brothers & Company, New York and Philadelphia, are publishers of the library.

A WORD FROM CARNEGIE.

Mr. Andrew Carnegie has written to Mr. David Homer Bates, the author of "Lincoln in the Telegraph Office," now appearing in The Century Magazine, telling Mr. Bates of his appreciation. Mr. Carnegie says: "My experiences with Mr. Lincoln, that great and good man, was similar to yours, as I had many opportunities of seeing him, my office at that time adjoining Colonel Scott's, and the telegraph office being next to mine. Mr. Lincoln came to the telegraph office as you record, and, so far as my memory serves me, your account is a faithful one of the stirring events of that historic period as related to the telegraph."

The Interstate Medical Journal (St. Louis) announces the purchase of the St. Louis Courier of Medicine, one of the oldest medical journals in the West, and its consolidation with the Interstate on July 1st.

The St. Louis Courier of Medicine was established in 1879 by an association of prominent St. Louis physicians. It has always commanded a large following throughout the West and South, and held the respect and esteem of the entire profession of this country.

This merger removes from the field an old and highly esteemed contemporary, and its consolidation with the Interstate adds strength and prestige to that periodical. This is the fourth medical journal that has been purchased and absorbed by the Interstate during the past few years.

A Practician's Hand-Book of Materia Medica and Therapeutics, based upon established physiologic actions and the indications in small doses. By Thomas S. Blair, M. D. Over 250 pages, bound in limp library cloth. Price, $2.00 net. Published by The Medical Council, 4105 Walnut street, Philadelphia, Pa.

The author selects from each school of medicine the most worthy therapeutic agents and then gives a description of their uses. The physiologic action of the large, medium and small dose is carefully given.

The methods of obtaining the medicinal qualities of drug plants is outlined and the success that has been obtained in practice by their use is reviewed. The book is a good one for use as a desk companion.

IF ONLY THREE BOOKS OR MAGAZINES.

If I were confined to the use of only three books I probably would not do better than select the Bible, Webster's Unabridged Dictionary and Shakespeare. Now among all the literary magazines, which should be selected for a doctor's

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table in his reception room? Medical journals are surely inappropriate, and furthermore they are for the doctor and not the patient. The Medical Council has inaugurated a system of education on this subject and has shown how patients have been misled by reading medical literature. Magazines placed upon the office table should please, entertain and instruct. Time when waiting for a doctor to those sick in mind and body seems long and patients become impatient. The magazine in many ways will be beneficial. If only three are desired, then to suit all classes select the Delineator, the Century and Lippincott's Magazine. They are standard in all respects, cover the field and should even meet the demands of the most fastidious.

REPRINTS RECEIVED.

"The Bulletin of the University of Nebraska College of Medicine.

"What Can the Organized Medical Profession Do to Aid the Suppression of Quackery?" by Henry W. Cattell, A. M., M. D., Philadelphia. Reprinted from "The Bulletin of the American Academy of Medicine."

"Central Indiana Hospital for Insane."

"Trypsin in Cancer—A Preliminary Statement," by William Seaman Bainbridge, M. S., M. D., New York. Reprinted from the New York Medical Journal.

"Rhinitis," "Treatment of Alopecia," and "Hair, Gray and Gone," by E. S. McKee, M. D., Cincinnati. Reprinted from The Lancet-Clinic.

"Abstracts of a Year's Contributions to Internal Medicine." (From March 1, 1906, to March 1, 1907.) By G. W. McCaskey, M. D., Fort Wayne, Ind.

"Abnormality in Amniotic Secretion in Its Relation to Fetal Malformation," by Joseph Brown Cooke, M. D., New York. Reprinted from the American Journal of Obstetrics.

THE HISTORIAN'S HENS.

An Indiana man tells of the effort of an author belonging to the Hoosier school of historical novelists to put in his leisure time as a "hen farmer" in that State. The literary person's venture afforded his agricultural neighbors no end of amusement.

During his first year the amateur farmer discovered that all his little chickens, which were confined in coops, were languishing at the point of death. The novelist went over his "hen literature" to locate the cause of the trouble, but to no avail.

Finally he called upon an old chap named Rawlins, to whom he put the question:

"What do you suppose is the matter with those chickens?"

"Well, I dunno," said Rawlins. "What do you feed 'em?"

"Feed them!" exclaimed the novelist-farmer, "Why, I don't feed them anything!"

"Then, how'd you s'pose they was a-goin' to live?"

"I presumed," replied the literary person, "that the old hens had milk enough for them now."—July Lippincott's.

THE BALANCED ACCOUNT.

Said Richman, "Neighbors, would you thrive?
Then learn of me how two and two make five!"

Said Poorman, "Verily, I see,
For us poor folk must two and two make three!"—Richard Kirk in July Lippincott's.

A SUMMONS.

Wistarias ripple in purple waves,
The plum is gay, the cherries blow,
Gold butterflies doff to the first white rose—
So blue the skies and your eyes smile so!

Next springtide, dear, when you pluck the buds,
My arms will be holden—do not weep!
In the Everlastingness I'll know,
And dream of our tryst in the stillest sleep.

—Gertrude Huntington McGiffert, in July Lippincott's.

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THE WOMAN IN BUSINESS.

She handed in a check payable to Susan H. Smith. The cashier, who was a German, noticed that she had endorsed it Susan Smith, and gave it back with a polite "You haf forgotten the 'H.' Overcome with confusion, she murmured, "Excuse me," and wrote below the endorsement, "Age 23."—July Lippinoctt's.

THERE IS HOPE.

Said the Peace Dove, "My brood at the Hague
Is very distressingly vague,
For the man with the gun
Is still looking for fun,
But at least I have there laid an egg!"
—July Lippincott's.

LIGHTHEART LANE.

Where birds in hedges blossomy
Their lyric notes repeat,
Till morning drips with melody
Mellifluously sweet;
Where bees from brimming buttercups
Ambrosial nectars drain—
O ho, but let's go loitering!
O hey, for Lightheart Lane!

Where ways stretch cool and shadowy
To lure the laggard feet,
And little winds leap laughingly
Down ranks of rippling wheat;
Where wild blooms pelt the butterflies
With gusts of rosy rain—
O ho, but let's go loitering!
O hey, for Lightheart Lane!

Let's leave the clash and clamoring,
The dust and din and heat;
Let's quit the cramping sordidness
And struggle of the street;
For one full day of joyousness
Let's slip the gyves of pain—
O ho, but let's go loitering!
O hey, for Lightheart Lane!
—Hilton R. Greer in July Lippincott's.

IT TASTES JUST THE SAME.

"You say you were in the saloon at the time of the assult referred to in the complaint?" asked the lawyer.

"I was, sir."

"Did you take cognizance of the barkeeper at the time?"

"I don't know what he called it, but I took what the rest did."

—June Lippincott's.

FELT HE WAS COMPETENT.

An advertisement in a newspaper calling for a "first-class bookkeeper at $3 a week" drew forth the following answer the only one attracted by the munificent salary:—

"I am a young man 37 years of age, having had a business experience of twenty-three years, being connected with the United States embassy at Madagascar, and feel confident if you will give me a trial, I can prove my worth to you. I am not only an expert bookkeeper, proficient stenographer and typewriter, excellent operator and erudite college graduate, but have several other accomplishments which might make me desirable. I am an experienced snow shoveler, a first-class peanut roaster, have some knowledge of removing superfluous hair and clipping puppy dogs' ears, have a medal for reciting 'Curfew Shall Not Ring Tonight,' am a skilled chiropodist and practical farmer, can also cook and take care of horses, crease trousers, open oysters and repair umbrellas. Being possessed of great physical beauty, I would not only be useful but would be ornamental as well, lending to the sacred precincts of your office that delightful artistic charm that would emanate from a Satsuma vase or a stuffed billy-goat.

"As to salary, I would feel I was robbing the widow and swiping the sponge cake from the orphan if I were to take advantage of your munificence by accepting the too fabulous sum of $3 per week, and I would be entirely willing to give you my services for less and by accepting $1.37 per week would give you an opportunity of not only increasing your donation to the church, pay your butcher, and keep up your life insurance, but also to found a home for indigent fly-paper salesmen and endow a free bed in the cat home."—Patternmaker's Journal.

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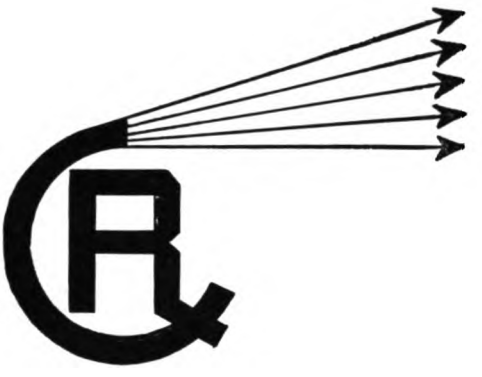

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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 823 N. Delaware St., Indianapolis, Ind.

Alteris Cordial Rio is an efficient uterine tonic and restorative, and is a preparation for which nothing can be substituted.

WHAT IS THE MORAL OF THIS INCIDENT?

Dr. X. enjoys the largest general practice uptown. His large automobile is always on the go. He paid me a visit this afternoon. He was in the neighborhood, he said, and he thought he would drop in and make the acquaintance of the editor of the "brightest and most interesting medical journal published." He evinced some interest in the environment of the C. & G. office. He noticed a large number —over two hundred—of different journals of the current year, neatly arranged in piles. "You read all of them?" "Yes." "Where do you get the time?" "You can get the time for anything, if you really want to." "Well, I can't. All I read is the J. A. M. A. and the Critic and Guide. I think they are the best journals published. And you and Dr. Simmons deserve a great deal of credit for the work you are doing with reference to patent medicines and proprietary nostrums. Great work. Time the physicians' eyes were opened." Here he coughed and continued: "Would you please let me have a swallow of water? I have a little cold." The office boy brought a glass of water. Dr. X. took out a tablet from a box in his vest pocket and swallowed it, washing it down with the water. The tablet was on antikamnia and codeine tablet.

I said nothing.

A life subscription to the reader who will point out the best moral of this incident.—From the Critic and Guide, May, 1907.

The Moral.

On page 8 of the January, 1907, Critic and Guide, appears the following editorial with which, no doubt, Dr. X. fully agrees:

"When a patient comes to consult me and pays me a fee, then my sole sacred duty is towards that patient and towards nobody else. And I am going to use on him and prescribe for him whatever I consider most useful for him, regardless of all other considerations. Whether the preparation is trade-marked or not, whether it has a fanciful name or not, whether it has a circular around the bottle or not, whether the druggist makes 50 or 5 per cent profit on it—for all of these things the patient does not care a picayune; and neither do I."

After the removal of alcohol, Celerina given in doses of from one-half to one ounce every four hours, is speedily followed by the most characteristic symptoms of improvement.

POWDER BURN ON FACE.

By E. Kuder, M. D., Coffeyville, Kan.

About a year ago I was called in a hurry to relieve the awful suffering of Carl Rucker, of this city, 10 years old, who when playing with other boys exploded about two ounces of coarse black shooting powder in a little earth mound, and not being quick enough to turn away got the most of the discharge into his face; even the conjunctivae of both eyes were blackened, and from the burn and subsequent inflammation shut tight; one of the ears also got burned very badly.

To extract the powder from the skin I have in years gone by applied a thick layer of castile soap made into a sort of dough, and as had to deal here with the inflammation and pain beside, I scraped a cake of shaving soap, mixed it thoroughly with antiphlogistine, and applied it about one-half inch thick all over the face and ear, leaving a hole for the eyes, nostrils and mouth. About one-half hour later the little patient, a very sensible

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child, rested very comfortably, free from pain, and slept a few hours soundly. About 24 hours later I removed the whole mask from the boy's face and to my great delight and surprise the application had drawn out every kernel of the powder. The inflammation had been greatly reduced, pain was all gone and the face appeared almost natural again with the exception of the sclera of both eyes, which I treated with solution of cocaine adrenalin.

Another remarkable circumstance is the fact that the boy at the same time got entirely rid of his freckles, not a trace of the latter could be detected.

For about a week the face got anointed with cold cream twice daily, and being well was discharged as cured.

RHEUMATISM.

We know that rheumatism means retention chiefly of uric acid. The first thing to do is to stimulate organic activity and the skin here is an active ally. Calcium carbonate compound will dispose of uric acid more promptly than any other preparation. A ten grain tablet should be given three times a day with a glass of barley water. Saline laxative (Abbott) one teaspoonful every morning will prove the best saline. Here as in most other diseases of toxic origin the bowel requires to be kept free from pathological bacteria. The sulphocarbolates will do this work promptly and thoroughly. Calcidin (Abbott) together with macrotin and bryonin will relieve pain promptly and prevent changes in muscular tissue and joints. The man who is not familiar with the efficacy of magnesium sulphate solution in this disease should apply to the red and swollen joints so often seen in rheumatism compresses wrung out of a saturated solution of epsom salts, epsom salts one ounce, water one quart.

THE PATHOLOGY AND TREATMENT OF HAY FEVER.

One of the most striking pathological features of this malady is a turgescence of the turbinal tissues due to extensive dilatation of the capillaries. That this is the result of an angioneurosis, involving a more or less pronounced local vasomotor paralysis, is pretty generally conceded.

In the treatment of hay fever with adrenalin chloride it has been suggested that weak solutions, frequently applied, are apt to yield better results than the occasional application of strong solutions. The application of the solution of adrenalin chloride stimulates the vaso-motor supply, resulting in a contraction of the capillaries. Overstimulation, by reaction, is very sure to result in a complete paralysis of the vaso-motor supply in the region affected. On the other hand, gentle stimulation with weak solutions is not so likely to be followed by a reaction.

Solution adrenalin chloride (1:1000) may be diluted with normal salt solution and sprayed into the nares and pharynx.

Adrenalin inhalant may be preferred to the aqueous solution, for obvious reasons. This product contains one part of adrenalin chloride in one thousand parts of an aromatized neutral oil base, with 3 per cent chloretone. It is vaporized by means of a nebulizer.

Adrenalin ointment may be applied to the turgescent nasal mucosa by means of a cotton applicator. Henry Guy Carleton (Therapeutic Gazette, June, 1907) says that "relief can be accomplished more quickly by smearing one or two minims of ointment containing 1:1000 of adrenalin between the brows and half-way down the side of the nose than by the inunction and spraying of the nasal mucosa." The modus operandi is explained as follows:

"The effect is to allay the irritation of the supraorbital, supratrochlear, and infratrochlear and frontal nerves, and the superior and inferior nasal, the nasal rami of the superior maxillary, and the nasopalatine nerves, all of which are involved in a severe attack. Those rami in the posterior nares which may be affected will be relieved simultaneously, exactly as all branches of the supraorbital affected in a supraorbital neuralgia are relieved when an application of adrenalin ointment is applied only to the supraorbital foramen."

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Messrs. Parke, Davis & Co. issue a brochure on the treatment of hay fever, which will be sent gratis to any medical man upon request. We suggest to our readers that they send for the brochure, as hay fever is an exceedingly interesting and timely subject.

Sal hepatica has been found specially serviceable as a safe laxative and eliminant of irritating toxins resulting from fermentation or decomposition of food, in inflammatory conditions of the bowels, affording prompt relief in stomachic and intestinal indigestion, colic, acute or summer diarrhea of either adults or children. It is remarkably free from any griping tendency, owing to its antacid and soothing properties.

Bristol-Myers Co., 277 Greene ave., Brooklyn, N. Y., the manufacturers, offer to send liberal samples to physicians upon request.

Yours truly,
BRISTOL-MYERS CO.,
Per J. B. Booth.

In the treatment of the chronic skin inflammations, following in the wake of attacks of toxic dermatitis, attention to the general condition of the health, avoidance of anything irritating to the skin, a carefully selected diet and proper care of the skin are important features which must not be neglected. In addition, Battle's preparation of echinacea augustifolia and thuja occidentalis, which goes under the trade name of ecthol, should be used both locally and internally, a drachm should be taken four times a day.

AMERICAN JOUR. DERMATOLOGY.

Tulsa, I. T., May 14, 1907.
The Echino Chemical Co.,
Cushing, Oklahoma.
(Pneumonia and Its Enemy,)
ECHINO.

Gentlemen—I take great pleasure and consider it my duty, that I must write you a few lines, telling you what I think and know of your grand remedy, used as a local application, in treating pneumonia or pleuro-pneumonia.

I shall not take up your time in giving you case after case in detail in which I have used your "Echino" always with success. I have used various plastic remedies with poor success, until I became familiar with your Echino, and now it is with me and to say the least to stay as long as I can get it.

I can go to the bedside of my pneumonia patients now with my brain at rest, and do not have to tangle up my grey matter in worry and wonder which way my case is to terminate. Why? Because Echino does the work, and my patient feels the relief just in a few minutes after I make the first application. The relief continues, and as soon as the application gets dry, I make a repetition as often as necessary and my patient gets well.

Of course I am not infallible and do not always know a good thing when I see it, but I do know a good thing after it has proven itself to be the best local application I have ever used or ever expect to use. It has won for me success and a reputation that I am indebted to you for.

Thanking you for promptness in filling my orders, I am

Yours with success,
H. F. ZINK, M. D.
Tulsa, I. T.

NEW KIND OF "APERITIF."

Dinner was a little late.

A guest asked the hostess to play something.

Seating herself at the piano the good woman executed a Chopin nocturne with precision.

She finished and there was still an interval of waiting to be bridged.

In the grim silence she turned to an old gentleman on her right, and said, "Would you like a sonata before dinner?"

He gave a start of surprise and pleasure.

"Why, yes, thanks!" he said. "I had a couple on my way here, but think I could stand another."—Harper's Weekly.

It is always hard for a child to believe that anyone lies in bed all night without sleeping.

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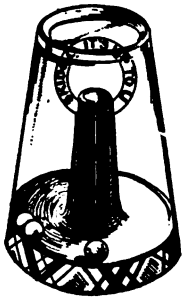

Just a little puzzle, when your down with pain, makes the sick room brighter and help make you well again.
Have you seen it?
Heard of it or tried it?
What?
Why the great

"SKIDOO PUZZLE"

Both interesting and amusing, and more fascinating and scientific than the great success of some years ago, called Pigs in Clover. A three ball game. By Mail 15 cents, try it. Agents write for territory and terms—to

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LINCOLN'S USUAL SWEAR WORD.

On one occasion, Lincoln, when entering the telegraph office, was heard to remark to Secretary Seward, "By jings! governor, we are here at last." Turning to him in a reproving manner, Mr. Seward said, "Mr. President, where did you learn that inelegant expression?" Without replying to the secretary, Lincoln addressed the operators, saying: "Young gentlemen, excuse me for swearing before you. 'By jings' is swearing, for my good old mother taught me that anything that had a 'by' before it was swearing." The only time, however, that Lincoln was ever heard really to swear was on the occasion of his receiving a telegram from Burnside, who had been ordered a week before to go to the relief of Rosecrans, at Chattanooga, who was in great danger of an attack from Bragg. On that day Burnside telegraphed from Jonesboro, farther away from Rosecrans than he was when he received the order to hurry towards him. When Burnside's telegram was placed in Lincoln's hands he said, "Damn Jonesboro." He then telegraphed Burnside as follows:

"September 21, 1863.

"If you are to do any good to Rosecrans it will not do to waste time at Jonesboro. A. Lincoln.

—From David Homer Bates's "Lincoln in the Telegraph Office" in the July Century.

THE VALUE OF NEW BLOOD.

All that the New Englanders could bring over from Great Britain was a British standard; and if the American standard now differs from the British standard, this must be due, more or less, to the pressure exerted in America by a contribution other than English. If we today prefer, as we do undoubtedly, the existing American standards and ideals and tendencies to the British standards and ideals and tendencies, we must recognize the various foreign elements in the United States as having exerted an influence satisfactory to us now, however much our forefathers may once have dreaded it. We must recognize that the commingling of stocks which has been going on here in the past has been beneficial—or at least that its results are acceptable to us at present. And in all probability our children will admit also that the commingling that is going on in the present, and which will go on in the future, is likely also to be beneficial or at least acceptable.—From Brander Matthews's "The American of the Future" in the July Century.

When a cat and a dog get along well together it means the dog wasn't educated by a boy.

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(*Inflammation's Antidote*)

AN IDEAL ADJUVANT

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This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession as a whole. An earnest invitation is extended the Medical Profession of America for contributions. The Editor assumes no responsibility for the views of contributors.

VOL. X. INDIANAPOLIS, IND., August 15, 1907. No. 8

ORIGINAL COMMUNICATIONS.

THE RELATION OF TUBERCULOUS LESIONS TO THE MODE OF INFECTION.

By R. W. Tuck, V. S., M. D., Arkansas City, Kan.

Until quite recently it has generally been conceded that pulmonary tuberculosis was in most cases caused by the entrance through the respiratory tract of virulent tubercle bacilli, most frequently in the form of dry particles, and in a similar manner it has commonly been understood that tuberculosis of the intestinal tract and its respective lymphatic glands resulted from eating food containing virulent bacilli. In fact we frequently see statistics giving the number of cases of tuberculosis in children caused by ingestion of milk from tubercular cows, based upon the finding at postmortem of tubercular lesions in the intestines or their respective lymphatic glands; we likewise see similar statistics as to tuberculosis of the air passages, attributing infection to the inhalation of tubercular matter, based solely upon the finding of the lesions in the lungs.

Quite recently facts have been developed that seem to prove that the above mentioned conclusions, in part at least, are probably without foundation. In a recent publication of the United States Bureau of Animal Industry (from which the following is extracted) experimental evidence was presented to support the conclusion that the relatively greater frequency of pulmonary tuberculosis as compared with other forms, is not alone due to the more direct exposure of the lungs to infection that reaches it from without, suspended in the respired air, but to the more direct exposure of the lungs to infection that may have entered the body in any way and has reached the lymph channels and, through them, the blood stream.

To obtain further information on this subject and to trace more precisely the course taken by the infectious material from its point of entrance into the body to the lungs, animals, which had been purposely selected, were given subcutaneous injections of virulent tubercle bacilli.

The seat of injection selected as most favorable for the purpose was the tail, as near the extreme end of it as possible.

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as this is the farthest removed available portion of the body from the lungs, and the location from which the infection of the latter seemed least likely to occur.

Results obtained from injection subcutaneously at the end of the tail of a three months' old calf which had previously been tested with tuberculin without reaction. Injected June 23, 1906, with bovine tubercle culture. On July 15, 1906, the calf died, and on postmortem examination the following lesions were found:

"The tail, at the seat of innoculation, is slightly thickened, and the subcutaneous tissues are edematous, streaked with hemorrhagic lines, and contains irregular masses of necrosis.

"One lymph gland, anterior to and a little to the right of the insertion of the tail, embedded on the coccygeal muscles, is 1½ by 1 by ½-inch in dimensions, and is edematous, intensely congested, and has the appearance of being affected throughout with very recent tuberculous disease. Microscopic examination of the gland shows innumerable tubercle bacilli. The corresponding gland on the left side is not more than a tenth as large, but otherwise in the same condition.

"The superficial inguinal, prepectoral, prescapular, axillary, bronchial, mediastinal, gastro-hepatic, and mesenteric glands are edématous and marked with hemorrhagic lines and points. Microscopic examination of these glands shows innumerable tubercle bacilli in the superficial inguinal and mesenteric glands, a few in the mediastinal glands, one doubtful bacillus in two preparations from the bronchial glands, and not any in the other glands.

"The entire lung has a firm, solid character and does not collapse at all. The lower halves of the cephalic and median lobes, the entire azygos lobe, and large patches in the principal lobes are of a dark red, hemorrhagic appearance. The whole lung, on surface and section, is densely and evenly sprinkled with minute yellow areas about one-thirtieth of an inch in diameter, which are made up of aggregations of very minute necrotic points. All the surface lesions are beneath the capsule, and the number of lesions is so great that more lung tissue is involved than is left unaffected. Microscopic examination of the little yellow areas shows the presence of innumerable tubercle bacilli.

"The liver, spleen, kidneys, stomach and intestine are in apparently normal condition."

This case presents a perfect picture of fatal miliary tuberculosis of the lung of recent origin, with a rapidly developing infection of the lymphatic glands generally. The affection of the lung was so extensive that death was probably due directly to suffocation. The rapid character of the disease and the early fatal termination are attributable to the extreme susceptibility of this particular calf to tuberculosis.

The following is a record of one of the hogs used in the same series of experiments. The hog was tested with tuberculin without reaction on April 4, 1906, and on April 6, 1906, received an inoculation of bovine tubercle culture under the skin covering the dorsal surface of the tail just anterior to its end. The hog was killed a little more than two months later and examined postmortem. The autopsy record follows:

"June 12, 1906, killed and examined postmortem. At the time of death the animal seemed very much distressed and gave the impression that it would die within a few hours. General conditions very good, fat, weight 200 pounds. The seat of the inoculation in the tail, about 20 c. m. from its point of attachment to the body, shows considerable connective tissue thickening. The superficial inguinal glands contain several small tuberculous areas.

"The lung is adherent to the chest wall and diaphragm, and the various lobes to each other. Sprinkled evenly over and throughout its entire substance are innumerable tubercular masses from 1 m. m. to 1 c. m. in diameter; fully one-half of the lung tissue is destroyed. The pulmonary and costal pleural and the thoracic surface of the diaphragm are thickly studded with innumerable tubercles from 1 m. m. to 1 c. m. in diameter.

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"The convex surface of the liver is sprinkled with minute tubercles; a similar but less marked condition is found on the concave surface. No tubercles were found in the parenchyma of the organ.

"No lymph-gland disease was found in any part of the body excepting that recorded in the superficial inguinal glands."

Some of the other animals experimented with gave equally as remarkable results as those recorded above.

The absence of tubercular lesions in the lymphatic glands of the hog recorded above seems very remarkable when we consider how frequently no other organ than the lymphatic glands are found to be affected in these animals at postmortem examinations made of animals slaughtered for food.

Dr. A. Calmette, in an address at the annual meeting of the Veterinary Medical Society of the Department du Nord, 23rd December, 1906, said as follows:

"In human pathology the majority of clinicians consider that most often (tubercular) infection is carried by infected dust taken into the lungs with the air. Since the now ancient experiments of Chauvean (1868) veterinarians have tended to the belief that the digestive tract is chiefly incriminated.

"No one denies that, in certain cases, the virus may gain access by the skin, by the pharynx or the larynx, by the genital mucous membrane, through some pre-existing lesion. But no one would have dared to maintain that pulmonary tuberculosis—so-called primitive—or that the tumefaction, so specific, of the tracheo-bronchials or mediastinals without accompanying pulmonary lesions could have an intestinal origin!

"At the veterinary congress at Cassel in September, 1903, von Behring gave out the hypothesis that pulmonary tuberculosis of the adult may well be only a slowly developed manifestation of intestinal infection contracted at an early age. He supports this opinion on the frequency of pulmonary lesions amongst adult bovines, whilst the young show only mesenteric lesions.

"What value must be put henceforth on those celebrated experiments of Tappeiner, Cornet, etc., on the infection of animals by direct inhalation of dry or moist cultures of tubercle bacilli or powdered tuberculous expectorations? It is only possible to come to a decision on the subject by experiments, and with fresh methods, and that is what we have undertaken with Guerin, at the Lille Pasteur Institute.

"We gave first young kids and to adult goats, and later to calves and to cows, by means of an esophageal sound, to avoid any accidental contamination of the upper air passage, a very small quantity of cultures of tubercle bacilli of bovine origin, ground very fine, in milk, or in the products of expectoration. Our animals were invariably infected, and reacted to tuberculin after 25 to 30 days. They were killed at various intervals after the one infection, and we found that in the young the lesions of the mesenteric ganglia were exceedingly intense, and that pulmonary tubercles appeared only after about three months. In adults we scarcely ever found lesions in the ganglions, and pulmonary lesions occurred at once.

"In no case did the mucous membrane of the intestine present the slightest lesion."

THE HEPATIC FUNCTIONS, THEIR PATHOLOGY AND TREATMENT.

By H. Richardson, M. D.

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The importance of the proper functionation of the liver to the well being of the organism is apparent, it being the largest organ of the body; through it pass all the substances absorbed from the intestinal tract, whether nutritive or toxic, upon which it has to pass judgment, selecting, modifying or eliminating by the

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bile into the intestine, or storing them up within itself to be passed into the general circulation according to the needs of the organism, it is a reservoir for the blood, upon which it acts as a depurator. The functions of the liver are in direct relation with the intestine, the pancreas and the spleen, it has excretions and secretions which have a chemic activity of vital importance to the organism. It is impossible in the short space of this paper to go into the detail of the various hepatic functions and the far-reaching pathologic effect of their insufficiency. For the blood, the liver acts as a reservoir, as a destroyer and as a manufacturer of erythrocytes, especially in fetal life, it is the storehouse for the iron, it controls the coagubility. The alimentary functions are glycogenetic, it acts by its secretion, the bile, upon the fats in the intestine, storing them in its cells, it is probably the organ where sugar and fats are formed from proteids and where fats are formed from carbohydrates and carbohydrates from fats; it is the organ which transforms the toxin into a non-toxins, arresting and eliminating them by the bile into the intestine, in fact the liver may be considered as a chemical laboratory in which a number of oxydative and hydrolytic processes are going on and as the depurator of the body. It is to the antitoxic function of the liver and the secretion and excretion of bile with which this paper is concerned.

Many of the functions of the liver are independent of life, that is to say, they occur in the liver when separated from the body and in many cases the reactions can be produced by extracts from the glands. For example, if the extirpated liver be divided and a part kept under aseptic conditions for several days it will be found upon analysis that the amount of urea is very much greater in the latter than when the liver was fresh, showing that urea was formed after death in the liver cells (Ch. Richet). Chassevant showed that if the liver was heated to 100 degrees C. that it became inactive, that if the extract of liver was precipitated by alcohol, the precipitate had the power of forming urea, and that this ferment, though present in man, dogs and rabbits, was absent in birds, which do not excrete urea but uric acid. Ammonia carbonate and carbamate, amido-acids, xanthin, hypoxanthin uric acid, leucin and tyrosin when fed to animals eliminate an excess of urea in proportion to the amount of substance taken; Richet has been able to produce urea from many of these substances by means of the ferment extracted from the liver; all these bodies are more or less toxic, any failure of the liver to transform them into urea must necessarily produce an auto-intoxication,they being much more toxic than urea, which according to Bouchard is forty times less toxic than ammonia, besides being a powerful diuretic. The formation of uric acid from ammonia has been demonstrated in the goose, but it is not safe to deduct that the same reaction takes place in mammals.

The sulphoconjugation of the phenols is another function of the liver which is of great importance; the phenols are markedly toxic, but when combined as sulphates their toxicity is very slight. Carnot, Chassevant and others have found ethereal sulphates in the bile so that it is by the bile they are eliminated from the liver where the combination takes place when not in too great quantity and it is only the excess which appears in the urine.

The transformation of certain alkaloids by the liver is of great interest. Vergoogen found that on triturating hyoscyamine with frog's liver the alkaloid lost its mydriatic power which was transmitted to the liver extract, disappearing on heating to 70 degrees C.

The depuratory role of the liver goes still further, the elimination of poisons by the bile has been established by Haidenheim, Wertheimer and other experimenters. The elimination of lead, copper, mercury, arsenic, etc., by the bile has been definitely demonstrated, the liver holding the metals as they come to it with the circulation and eliminating them in small quantities by the bile. Coloring matters are also eliminated by the bile, fuchsin, anilin red, indigo carmin, etc. Bilirubin, the normal coloring matter of the bile formed from hemoglobin, it being hemoglobin minus iron,

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is most decidedly toxic, producing many of the symptoms of jaundice and according to Roger, Carnot, Gilbert, Lereboullet and others, one in 15,000 in the plasma produces marked toxic effects.

Most of the toxins eliminated by the bile are retained for a certain time in the liver and eliminated in very small quantities so as to immunize the system, rendering their presence in the general circulation harmless. Potassium iodid and natrium salicylate are eliminated by the bile, but not so rapidly as by the urine. Many of the alkaloids have been found in the bile after administration of strychnin, curatin, caffein, etc., but the action of the oxydizing ferments of the liver usually converts them into unrecognizable substances.

Insoluble substances are arrested by the liver and absorbed by the cells as shown by Carnot and eliminated either by the bile or are carried by the endothelial cells of the hepatic capillaries to the blood and thence to other organs. The bacterioplexic, as well as its granuloplexic power has been demonstrated. Gilbert, Leon and Yersin showed that the bacillus tuberculosis injected into a vein accumulated in the hepatic spaces, remaining unchanged, until the fourth day when they commence to multiply, on the ninth day tubercles commence to form. The protective power of the liver against bacteria has been shown by Roger, injection of anthrax into the aorta or peripheral vessels caused death in 37-40 hours, but the animal survived if the injection was made into the portal system of a quantity of bacilli 64 times greater than would kill by the peripheral vessels. Lemaire is of the opinion, supported by experiment, that the endothelial cells of the hepatic capillaries have greater phagocytic power than the leucocytes of the blood. According to Hanot and Gilbert the liver has a cytoplexic power, viz: that embolic cancerous cells arriving at the liver by way of the portal vein are arrested by the hepatic capillaries at the periphery of the lobule where they are either destroyed or give rise to secondary cancer of the liver.

The liver then acts as depurator to the system of soluble and insoluble substances, endogenous and exogenous toxins, it is also granuloplexic, cytoplexic and bacterioplexic by virtue of the action of the hepatic cells, of oxydases and reductases and by a special chemiotaxis of the endothelial cells of the hepatic capillaries, producing chemic changes, rendering the substances non-toxic and capable of elimination by the bile or other means. Upon these functions of the liver depends the whole theory of autointoxication as an etiologic factor in diseases; strictly speaking experimental proof of autointoxication is wanting except in a very few instances, viz: that the toxin be found in the intestine and in the urine, and that injection of the isolated toxin should produce the same symptoms in a healthy subject; but such a proof can only be obtained under almost impossible conditions of similarity and with toxins of very marked symptomatic effect. There are but three ways by which the living cell can be injured, starvation, intoxication, and traumatism; any two or all three may be combined in producing the cellular condition which gives rise to the clinical symptoms. To simulate autointoxication in the laboratory, the intoxication must be continuous, not intermittant or remittant, as in the hypodermic injections of toxins at certain intervals, between which the system has time to recuperate and eliminate, but the poison must enter the system continuously, over long periods of time, gradually overcoming the immunization of the system against it, varying in quantity and effect consequent on the varying conditions of environment. Autointoxication must be due to some lesion of some organ or loss or partial loss of some function, which in the laboratory experiment it is impossible to imitate, except by the excision of whole organs, as in the case of cachexia strumipriva, the result of ablation of the thyroid. In certain exogenous intoxications we have an approach to these conditions, alcoholism, lead, arsenic, etc., the employment or habit intoxications, which produce a very different clinical picture from the acute poisoning with the same drugs. The facts taken advantage of in homeopathy and recently somewhat in aleopathy, that small doses frequently repeated are more

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effective than one large one, and that each drug has two physiologic actions, in minute dose the action being the opposite to that of a large dose, applies to autointoxication, in the body autointoxication is due to small doses continuously given; in the laboratory large doses are given at long intervals.

If we admit that the liver has antitoxic functions, we must also admit that if it ceases to functionate, these toxins will enter the general circulation and produce pathologic conditions. So evident does it seem that autointoxication is possible that the "onus probendi" as to its non-existence must rest in this case on the negationists; the old harbor of refuge "reflex action" from the abdominal nervous system can no longer be considered conclusive, to have a reflex action there must be stimulation; if you have stimulation, you must have a stimulant; unless the stimulation is physical it must be chemical, and if chemical, it must be toxic if it gives pathologic results.

The treatment of autointoxication is really the problem to be solved, few clinicians doubting that it is a potent factor in disease. In acute cases thorough flushing out of the alimentary tract with calomel and magnesia sulphate is usually sufficient, but in those cases of neurasthenia, nervous break down, nervous dyspepsia, etc., more is required in long, careful dietetic and medicinal treatment. Attention to the biliary secretion is of the utmost importance, the intimate association of the bile with the emotions has been accepted by the laity at least, the name melancholia 'black bile' having been given at a very early date to that form of insanity in which depression is the most evident mental symptom. The bile contains the coloring matters bilirubin, etc., end products of hemoglobin disintegration; cholesterin, a substance which appears to be an end product of nerve metabolism is held in solution by the bile salts, any diminution of the latter causing its precipitation and consequent formation of gallstones; mucus and the various end products of hepatic metabolism and the toxins arrested by the liver, either in their orginal form or chemically altered so as to render them soluble in the bile and inert in the intestine; the active principles of the bile are glycochocolate and taurocholate of sodium, which hold the cholesterin and bilirubin in solution, preventing the formation of gallstones, as well as the chemic products of the liver; without their presence the bile ceases to flow, the liver becomes congested and insufficient, the organism suffers from starvation on account of the cessation of the nutritive functions of the liver and also becomes intoxicated from the non-elimination and chemic conversion of the toxins. Nature is extremely conservative of the bile salts, after being eliminated into the intestine where they materially assist in the absorption of fats, indirectly increasing peristalsis and inhibiting the growth of bacteria, they are resorbed from the intestine to be neutralized by the liver in the elimination of waste products. It is evident that in diseased conditions, after cleaning out the alimentary tract, the purgation of the liver and the stimulation of the functional activities of its cells is of importance. Nature's method, and we can never do better than imitate and assist her, is to increase the quantity of bile. The so-called cholagogues of the Pharmacopeia have been proven by numbers of physiologists not to increase the formation of bile and that the only cholagogue is nature's, the bile salts, sodium glycocholate and tauroglycocholate, the administration of sodium glycocholate mass, which contains taurocholate of soda by the mouth, it being absorbed from the intestine increases the flow of bile, at the same time stimulating the liver cells. (Sodium glycocholate C. P. is not well borne by the stomach, producing nausea, burning and painful diarrhea).

The increased amount of bile salts dissolves, especially if given with high enemas or full doses of water containing sea salt in isotonic solution, the accumulated impurities in the liver, stimulating the liver cells according to Croftan, who uses them in nephritis, thus purifying the blood, enabling it to oxidize and remove the end products of metabolism from other organs, notably is this evident in the icteroid condition observed in cholemia; after the administration of sodium glycocholate mass

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for a few weeks the complexion clears up, the yellow brown spots disappear, leaving a normal healthy complexion. Recently Gilbert and Lereboullet have called attention to the fact that certain symptoms as epistaxis, purpura, hematemesis, hemoptysis are often associated with the presence of traces of bilirubin in the plasma and that under appropriate treatment by diet and stimulation of the biliary secretion improvement takes place.

The diet in hepatic disease and especially in autointoxication is of great importance. In the first place the quantity of food taken should be small; secondly, it should be easily digested and must therefore, as far as possible, correspond with the patient's tastes or the psychic stomach juice will not secrete; thirdly, it must contain no substance which is itself toxic nor produce a toxic substance during metabolism; fourthly, it should be a bad medium or contain some inhibiting substance for the growth of bacteria.

Rest is the best medicine for any deranged physiologic function and starvation is rest for the liver, the food should, therefore, be reduced to the minimum quantity required for physiologic, needs, about three ounces of proteid per diem, no soup, as it contains the extractives and but little nutriment, the former throw extra work both upon the liver and upon the kidney; carbohydrates in any form, well cooked, preferably using lactose, instead of cane sugar, should be the principal diet.

So far intestinal antiseptics have proved inefficient. In very acute diarrhea I have had good results with the administration of iodoform in full doses as long as the diarrhea lasted. I give it with calomel in typhoid fever, instead of Woodbridge tablets, with good results, but it has to be carefully watched, owing to its toxic properties if absorbed, if the bowels are kept moving freely very little is absorbed. Aristol is not so objectionable, nor is it so efficient. Salicylic acid, salol, bismuth and the whole gamut of the drugs of the Pharmacopeia have been tried and found wanting. Probably the use of metallic coltoids, owing to their ferment like action, may be found valuable when better understood; brewers' yeast is decidedly effective; it can be administered as cheese or as Weisbeer. The lactic acid bacillus has also a powerful antiseptic action in the intestine, it is for this reason that milk diet is antiseptic, the lactose being a good medium for the bacillus; for the same reason lactose as a sugar is a good antiseptic, reducing the amount of ethereal sulphates in the urine.

Chemical antidotes have not been found to the organic toxins which are an ever present menace to health. Our greatest hopes rest upon the action of oxidizing ferments as the oxydases which introduced into the intestinal tract or into the circulation well oxidize the toxins, thus rendering them inert. Luber has shown that the vegetable oxydases will destroy the diphtheria and tetanus toxins, both in vivo and in vitio.

Autogenous and exogenous intoxications are factors in producting the symptom complex of nearly all diseases and are to be combatted by stimulation and purgation of the liver, which can be brought about by the administration of sodium glycocholate mass and a careful and abstemious diet.

LOBELIA INFLATA.

By J. W. Crismond, M. D., Anderson, Indiana.

The following declaration is made by Alfred Swaine Taylor, M. D., F. R. S., in his "Treatise on Poisons:" "There is an erroneous notion that this is a useful medicine and not a poison, although, like arsenic and opium, it may be either, according to the mode in which it is employed."

To those who are familiar with the properties of lobelia inflata, the result of

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years of practical experience in its exhibition in sickness, the above pronounciamento only provokes a smile of contempt for the credulity of the writer, and at the same time it invites unmerited skepticism as to his opinion and authority in reference to the medicinal value of other drugs.

Now, then, in the first place, lobelia inflata is, in its proper application, one of the most "useful medicine" in the materia medica, and in certain diseases its value can not be duplicated by any other drug; and in the second place, inherently it is not a poison, consequently it can not be poisonous in any size dosage.

Ringer tells us that the dose laid down in our usual text-books is too small, and that we may freely administer a drachm of the ethereal tincture (same strength as tincture lobelia, U. S.) every hour, or ten minims every ten minutes with advantage, immediately before and during the asthmatical paroxysm.

Not to be out done in generosity and good deeds by Ringer, I will say, where indicated, give one drachm, two drachms or more of the tincture, every ten minutes until the desired result is obtained, and rest assured you will do your patient no harm, but on the contrary the treatment will prove salutary and curative. To some this may sound rather quixotic, especially since it seems to contravene text-book authority, but pardon me when I assure you that my knowledge comes of nearly thirty-four years of experience in administering lobelia inflata in all its forms and in all size doses.

I recall to memory when in the early seventies, shortly after marriage, how terribly my wife was inflicted with asthma, and the desperate struggles she experienced at the opened window in trying to "get her breath" during one of those awful asthmatical paroxysms that usually seize the asthmatic so unawares, and the appealing pathetic facial expression asking, "Husband, can you not relieve this awful distress? Can you not deliver me from this impending dessolution?"

Right here is where we cast fear and misgiving to the four winds, and buckling on the whole armor of intelligence and faith in therapeutics we go in to win the victory, however formidable may appear the weapon of warfare, just so we subdue the enemy and win the battle. My armamentaria upon those occasions consisted of lobelia and sanguinaria tinctures given with a lavished hand, as I have frequently administered one to two ounces of the tincture of lobelia at one dose, and repeated as often as necessary to obtain results, regardless of the interval of time between doses. Why? Because lobelia inflata is not a poison in any sense of the word. No one was ever killed by lobelia, and the reported fatal results by the use of lobelia is all bosh.

In the spring of 1875 I was called to treat a case of mushroom poisoning. The patient, a woman weighing 180 pounds, was in violent convulsions, unconscious, pupil of the eyes contracted almost to the size of a pin point, and the surface cyanosed, and bedewed with a profuse clammy sweat; she would scarcely relax from one convulsion until she would pass violently into another. To medicate per os was entirely out of the question, so I was compelled to introduce the medicine per enema. I worked unceasingly with this case from 10 o'clock one morning until 3 o'clock the next morning before I controlled the convulsions, and in that time I used two pounds of pulverized lobelia seed made into infusion. My patient made a splendid recovery. Rather an extravagant amount of deadly poison (?) to pump into a human being with the expectation of restoring the patient to health, and yet the patient lived for twenty-five years after her experience with mushroom poisoning and lobelia infusion.

In the year 1882, I was confronted with a case of trismus traumaticus, the result of an attempt to extract a molar, without loosening the tooth, or even as much as drawing blood. Every muscle became as rigid and inflexible as an oak plank. The case presented every aspect of death, as respiration was almost imperceptible, eyes staring, and the labial muscles presenting that peculiar frightful risus sardonicus. I called for help, the consultant came, looked at the patient, and framing an excuse that he had to go to the country, made his exit as fast as his legs could carry him, he left me

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alone to get through with my case as best I could. As deglutition was out of the question I was forced to resort to enemata by way of medication, and the infusion of pulverized lobelia herb as the medicament. Half a gallon of the infusion was used in twelve hours, which brought about complete muscular relaxation and restoration of consciousness. The patient made an uneventful recovery.

I could doubtless entertain the reader almost ad infinitum by presenting my personal clinical experience with lobelia, but this is not the purpose for which this paper is written. My desire is to call the attention of the reader to the value of this much neglected and maligned drug.

Lobelia is of great service in bronchitis, to produce relaxation and expectoration. In pneumonia, it is almost a specific, when given in grains one to two of the pulverized seed every two or three hours, combined with capsicum when indicated. Lobelin, or the oil, may be triturated in sugar and administered in doses of from one-sixteenth to one-eighth of a grain every two or three hours. In all the realm of therapeutics lobelia is easily the queen of antispasmodics, and its nervine action has few equals and no superior.

Lobelia combined with any one of the vegetable stimulants equalizes the circulation, reduces congestion and promotes diaphoresis, and increases the excretion of the watery fluids by the kidneys. It is quick and energetic in its emetic powers to relieve a vitiated stomach, reduces the action of the heart with perfect safety, and produces a general relaxation of the entire system, without any save the most salutary effect.

In acute inflammatory pleurisy pulverized lobelia seed, in combination with asclepias pulv., xanthoxylum pulv., and pulverized jamaica zingiber, its action is prompt and efficient. Lobelia may be employed in a great variety of diseases, either alone, or in combination with other remedies, with the utmost confidence in its benign and curative action; and you need have no fear of any poisonous effect.

This is by no means a fulsome laudation of lobelia, for not one tithe of its many virtues has been told in this article.

AESTIVO AUTUMNAL FEVER.

By George D. Marshall, M. D., Young America, Ind.

For the past ten months Indiana and adjoining states have been suffering from an epidemic of malaria that quite generally has been diagnosed as influenza, especially during the winter months. Cases occurring earlier were often treated as typhoid, others as indigestion, rheumatism, etc., the diagnosis varying with the most prominent symptoms present at the time.

During the fall we had some typical cases of malarial fever, some very severe in character and resisting treatment more than we have been taught to expect in dealing with this disease.

Tertian and quartan malaria was very prevalent in this section until twenty years ago, but has been rare since then. Inquiry has failed to discover any history of the occurrence of the aestivo autumnal form in this part of the country previous to the present epidemic, and it is not surprising that a disease which may simulate several others should escape correct diagnosis, especially as it was most prevalent during the winter, a time when it would be least suspected.

Influenza has been made the scapegoat to cover a multitude of diagnostic errors, bearing the blame as a cause of most pains experienced by people during the winter months. Most of the local epidemics of follicular tonsillitis, with chills and fever, lumbago, etc., have been called la grippe, in most cases, I believe, because doctors did not inspect the throats of these patients.

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For these reasons it was but natural that a disease quite prevalent during the winter months where chills and pain was complained of, should be diagnosed as influenza, it would appear more from habit than from any conclusions based on a careful examination. Otitis media, pneumonia, inflammation of accessory sinuses, nephritis and permanent heart lesions were conspicuous by their absence as sequelae, careful search failed to show the presence of influenza bacilli in the secretions from the respiratory mucosa, while examination of the blood showed an abundance of malarial parasites. The symptoms vary considerably in different cases, yet there are an association of symptoms present in every case if the history is complete enough to bring them out.

This is influenced by the length of time the patient has suffered before applying for relief, as some patients suffered for weeks before consulting a physician, not feeling ill enough to be confined to their homes and thinking they could "wear it out."

One patient tried this plan of treatment for three or four months, and became very anemic, dizzy, constipated and suffered greatly from debility, headache and bilious vomiting. Antimalarial treatment gave the desired result.

Loss of weight is often quite marked. The disease may be febrile or afebrile, subnormal temperature is usually observed in chronic cases. Many patients came to my office with a temperature of 96 degrees F., and rest in bed was required before the temperature could be brought to normal. The thermometer will often register a degree higher in the axilla than under the tongue.

These phenomena are still observed since the advent of warm summer weather.

The pulse is often slow, sometimes as low as fifty-four beats per minute, and there is often a muffling of the first heart sound.

The tongue is broad, flabby and indented by teeth, with a heavy white or brown coat, and very slow about clearing up.

Sloughs of the mucous membrane of the tongue and oral cavity are frequent and sometimes very severe. The mucosa of the pharynx is congested and sore in the beginning of the attack.

Cough is often complained of with expectoration of tough dark grey masses. Frequent examination of sputum failed to reveal tubercle bacilli, except in those known to be tubercular before.

A mild bronchitis is often present in the beginning of the attack.

Skin lesions are frequent as herpes, urticaria, and an eruption giving the skin a shotty feel and appearance angiospasm causing an appearance of the skin almost like erysipelas and causing an almost intolerable itching and formication, of which patients complain bitterly. One case developed a severe case of herpes zoster and suffered excrutiating pain.

The skin exfoliates as recovery ensues, often peeling off in great flakes from palmar and plantar surfaces.

The skin has a copper color that is hard to describe, somewhat resembling that seen in the cachexia of cancerous growths. The appearance of the skin is greatly modified by the complexion of the patient, those with a florid complexion showing it but little.

A mild conjunctivitis is nearly always observed; the eyes are blood shot, and the sclera is yellowish. The patient has a peculiar aged and depressed look, even though complaining but little.

The subjective symptoms are numerous and patients give up in despair when trying to describe them, saying they are "just out of line all over."

Pain is sometimes severe and in other cases scarcely present. The back, neck, head and shoulders are most frequent sites of pain. Pressure or percussion over liver and spleen causes pain in many cases; in these organs it may be so severe that the patient can only lie on the back and change of position is very painful; this is due to the congestion of liver and spleen.

Neuritis is the chief cause of the pains experienced, as can be easily demonstrated by pressure on the ganglia of the posterior divisions of the spinal nerves. Numbness of the limbs or parts of them corresponding to the distribution of some particular nerve is frequent. Moderate

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exercise relieves the pain, even turning over in bed is agreeable, "except where the liver is greatly congested," while lying perfectly still aggravates the pain. General weakness is complained of, especially in the lower limbs, and this with the headache, vertigo and forgetfulness and a continual desire to sleep make either mental or manual labor almost impossible.

The psychical symptoms are often marked and delirium and melancholy may be present to a marked degree, when the temperature is normal or subnormal. Irritability and indisposition to converse with friends or family is often noted in those who naturally are of a cheerful disposition; many have fears of insanity, and some have required watching; many have told me they had a suicidal tendency that required all their moral courage to keep in subjection. These symptoms have been marked in patients that were neither hysterical, neurasthenics, lazy or maligners, but ordinarily of the most cheerful and upright character; some had been told there was nothing the matter with them but the blues, and were treated with indifference.

The loss of memory makes routine work hard and increasing the irritability, with the accompanying nervousness, make the patients miserable indeed, and their sufferings should not be made light of.

I have treated one case of chorea that was very severe and one of multiple sclerosis as a result of the infection, and I believe there are many suffering from nervous symptoms the true cause of which has not been recognized and that could be readily cured by antimalarial treatment.

Dyspnea is complained of and is due to the poor oxygen carrying power of the blood, and is relieved as the blood is cleared up.

There is often a hemic murmur, and cyanosis varying in severity.

A mild cystitis is frequently complained of, the urine is usually of high specific gravity, but albumin, casts or sugar has only been found where it was known to be present in the urine previous to the attack.

Adenitis is often present; in one case it was severe, the inguinal and axillary glands becoming the size of hen's eggs, the swelling subsiding and recurring with the severity of the other symptoms.

Constipation or diarrhea are often troublesome symptoms and yield only to quinine.

The appetite is fickle, and the disagreeable taste in the mouth, almost destroys the desire for food. The feet are often so tender and painful that walking is a hardship. This symptom is sometimes the last one to yield.

Diagnosis: In a paper read before the State Medical Association I gave the results of blood examinations in 265 cases Since writing that paper I have continued to examine the blood in all suspicious cases in an effort to determine the frequency of the disease, and have found it even more frequent than during the winter and spring.

Fresh unstained blood, fresh blood stained by puncturing through a drop of Phlenn's solution and dried films stained by Wright's stain have proven the most satisfactory methods, and I have examined specimens, stained and unstained, and found the findings corroborative. In unstained blood the intracellular parasite is hard to see, but spores, microgamet's and flagellated parasites may be seen, their motion being a great aid. Staining by puncturing through Phlenn's solution has the advantage of giving a stained specimen and also as the parasites retain the power of motion they are readily observed. Sporozoites are easily seen by this method and were very numerous in the blood in the beginning of the epidemic. It will be interesting to note their numbers in the blood as patients are subjected to reinfection by the mosquitoes.

The spores present as a dot when in a perpendicular position and as a rod shaped body slightly curved when assuming a horizontal position.

Dried films stained by Wright's stain bring out the intracellular bodies beautifully, being seen as the ring form in the peripheral blood. The body of the parasite is stained blue and the chromatin or nucleus stains red, making it easy to distinguish between them and blood

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platelets overlying a cell, as the platelets stain purple and displace the substance of the cell, causing a halo about them, while the ring form does not.

The ring forms are of different sizes, but are usually quite small and may be easily overlooked. A hasty examination is worse than none at all, as it only serves to confuse, and a negative finding, when made hurriedly, should have no influence on the diagnosis.

Careful focusing is necessary to avoid mistaking artefacts or extraneous matter for parasites. Flagellated parasites are not often seen in stained films, being most frequently observed in unstained blood that has been drawn some hours, where the cover slip has been sealed by vaseline.

Extracellular parasites take a blue stain with Wright's and have a distinct outline, while platelets have an irregular or stellate form.

Heamoconien or dust corpuscles are smaller than the spores as seen in the fresh blood and have a dancing motion, while the spores have a swimming motion and move about the field or out of it.

I have made a collection of mosquitoes and found the anopheles present in about 2 per cent of the culex.

The proportion of anopheles seems to be increasing with the advance of the summer, and as many people harbor the parasite and complain of the same symptoms they did last fall, winter and spring, it would appear if the diagnosis of malaria was correct, then every one will have abundant opportunity to get acquainted with this disease. The wet weather will aid in clearing up the diagnosis, as it has made breeding places for mosquitoes, and they are unusually annoying this summer.

If the symptoms complained of last winter were due to influenza, why do they persist? And why is there such a tendency to relapses that are readily controlled by quinine?

If we suffer from malaria this fall it should go far toward clearing up the diagnosis of the epidemic last fall and winter.

The question then arises, where did the mosquitoes get the infection? This is easily explained when we remember that there has been soldiers returning from the tropics ever since the Spanish-American war, and as this is the form of malaria most prevalent there, I believe the question answered.

Treatment: Quinine is, of course, the sheet anchor, with methylene blue a close second, and capsicum and calomel as able assistants. However, there are many symptoms which must be controlled, of which pruritis is one. Camphor and chloral hydrate in solution are the best.

Iron arsenic and strychnine should be given to combat anemia and weakness.

The dose and method of administering quinine must vary with the patient.

The bowels should be moved well before the liver is stimulated too much, else there will be annoying bilious vomiting, which nothing will control until the bile is passed out through natural channels. This is especially the case where a patient has been trying to wear out the disease and has sunk into a state of general torpidity. The mouth should be frequently cleansed with an antiseptic solution.

Great care should be exercised in the administration of coal-tar products, as collapse is by no means infrequent even when no depressing drugs are being given. An ice-bag to the stomach gives some relief and hypodermics of morphine may be necessary to control pain.

Turpentine stupes are useful where there is great abdominal pain and distention by gases.

Digestive ferments are sometimes demanded in order to give the patient a chance to absorb enough nourishment to sustain the body and combat the rapid loss of weight.

Chinese table etiquette is very peculiar. According to its rules no general conversation must be carried on at the table, but remarks on the food are always in order. All must begin to eat at the same time, each person exclaiming, "Let us begin," and accompanying the remark with a flourish of the chop-stick. It is very bad manners to finish before any other person dining with you—all must keep together.

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EDITORIAL

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INFANTILE HYGIENE.

How are we to avoid the worries of the dreaded first summer, teething and bring the baby into childhood healthy and robust?

A few of the important do's and don'ts to bring about this desirable end.

The normal infant a week old should have its daily bath, tubbing or sponge. A simple pure soap to be used sparingly. Temperature of both room and water should depend upon the season of the year. Warm bath in winter and a tepid one for summer, in very hot weather three to four a day. At the time of the bath, the eyes, nose and mouth should receive proper attention with a weak solution of boric acid. All skin folds, etc., should receive a liberal dusting with a talcum powder. After the bath usually the infant will take a long, restful nap.

One of the bugbears to the intelligent physician is the teaching of the mother how to properly clothe the baby. The fear of taking cold is so great that invariably are found skirt, dress, jacket, vest, etc., numbering like the layers binding the usual woman's waist. I have seen on top of this the poor tortured little being bound in a feather bed reeking with the odor of foul urine, etc. Now, what is wanted is simplicity both in clothing and bedding. A binder, light undershirt and diaper are all that are necessary for the hot days of summer. Winter and cooler days they should have more. The general tendency is too many pieces. The room temperature should be always the one regulated. The infant should have a separate bed, either crib or cradle; avoid having it sleep with the parents. Don't place it on feathers, but something soft and easily aired. A pad next to the baby that may be readily washed and aired. The covering should be appropriate to the temperature of the sleeping room.

Diapers or napkins should be made of soft, light and absorbent material. Don't have canton flannel, for it has very little absorbent power and soon becomes harsh.

Don't have the diapers too heating, especially in summer. Avoid having them pinned tight, and see to it that the urine stained ones are not used repeatedly.

"Where shall we keep them?" In the open air and sunlight, which is nature's nearest germ free spot. Why do we always speak of the deliciousness of the shade in the woods of the hot days? Because the usual normal temperature of the trees is about 52 degrees F. and the accompanying natural pleasant aroma. Not to speak of the avoidance of the blistering sun's rays of July and August. Here in the shade and open air, then, is the proper place for the baby.

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Keep them out twenty of the twenty-four hours if possible.

In the winter all the pleasant sunny days should find them out, certainly well protected from the cold. One is surprised with the way these airings are enjoyed by the little ones.

"What shall they be fed?" Mother's milk, if possible. When we are obliged to resort to artificial feeding, up comes a quandary from the extensive choice. The long list of proprietary foods, the various advocates of sterilized, pasteurized and citrated milk, fat free mixtures, butter milk and lastly cream or fat mixtures, all have their place and standing. I lean to the cream and part milk mixtures. The proportions depending upon the digestive activity of the baby. Each one is a rule unto itself. The intelligent mother or nurse, with a little patience and training, can be taught what characterizes a normal healthy, fat free stool. In fact she will describe the canary yellow, cream consistency, almost odorless and fat (speck) free stool better than most physicians.

Always remember that the baby has a thirst and should be given water daily.

The nursing bottle should be one of cleanliness and sterilization rather than of convenience. This comprises a bottle —neckless—of the same bore from mouth to bottom, lacking crevices and grooves, so that debris can not escape the bristles of a brush. A nipple large enough to closely fit the above wide mouthed bottle and made of the best rubber. It then can be turned inside out, scrubbed and so thoroughly sterilized.

Teething is a physiologic process, gum lancing should be avoided. You create a possible point of infection and invariably have cicatrical tissue close your incision, so changing a physiologic into a pathologic condition. The troubles that do develop during the teething period can readily be traced to an over-feeding, intestinal fermentation or some like disturbance.

The pacifier or comforter is a germ incubator, and undoubtedly forms the source of many intestinal troubles. If one has to be used, have it of solid ivory or something similar, avoiding the rubber.

THE OLD AND THE NEW IN THERAPEUTICS.

Modern methods of diagnosis have added to precision in that part of our art, yet we doubt that the more recent graduates are as skillful in the management of cases as they should be.

New remedies—many of great value—have been introduced, yet therapeutic skill has not kept pace with diagnostic precision. Many of the older remedial agents, tried, and not found wanting are finding favor in high places to the disapplacement of many fads and fancies of yesterday.

Ten years ago a physician using these older remedies would have been considered a fossil; now the man who does not utilize them is classed among the ignorant. Examples may be cited such as epsom salts, ipecac, mercury, Basham's mixture, lobelia, gelsemium, valerian and others.

During the past year modern men have shown that the field of these remedies has been greatly enlarged and that they cast a shadow upon those drugs recently used for the same purposes in therapy.

THERAPEUTIC NIHILISM.

When you see a therapeutic nihilist you can usually set it down as a fact that it is what he don't know that is of greatest value. Such a person should belong to the know-nothing party of therapeutic pessimists, yet this is attributing too much credit for it gives him some standing.

The mail brings to him free trashy reading matter which should be assigned to the waste basket before it poisons the mind of the reader. In this way many so-called new remedies or combinations are introduced before their value has been proven, and by this method a therapeutic free-thinker is evolved who soon develops into a nihilist. Furthermore, the splendid advance in methods of diagnosis seems to overshadow all else, and the physician forgets that there is another duty to perform—to cure disease. Authors and others who are called scientific men, brilliant in other avenues of medicine, have seen fit to cast a slur upon the action of drugs and their application to diseased conditions. Such a

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person forfeits his right to the name of leader and his writings should have little weight with the medical student or any one else.

"The proof of the pudding is in the eating," etc.; the man who cures his hundreds and whose ability is based largely upon his knowledge of therapy is a man whose opinions are of some import. He may not have written a book, nor even a line for a medical journal, but when his diagnosis is made, not, perhaps, with a flourish and the blowing of horns, he does not show the white flag but uses such methods as he knows from experience will be most likely to establish a cure.

If the "Doubting Thomas" has failed to obtain definite results in therapy the fault lies within himself and is proof positive of a lack of therapeutic knowledge and a philosophical application of principles.

The following by Dr. Geo. H. Butler, of Chicago, in the Medical Record of June 22d is apropos. He believes that we have come to attach too great importance to diagnosis and too little to the prevention and cure of disease, which are the physician's highest duties. It is rarely possible to destroy the cause of disease, but we can counterbalance the primary effects. We must treat the patient primarily. Symptomatic therapeutics cure a portion of the disease and prevent morbid phenomena, aggravations, and complications. By drugs we can give the blood its normal condition, and in the excretion of poisons, antagonize toxic matters, limit inflammations, increase secretion, produce sedative effects, and change vascular tension. Self-constituted authorities, perhaps less competent than general practitioners, oppose advances in therapeutics. We should take advantage of every new scientific method produced that is found of value.

THE CHOICE OF A MEDICAL SCHOOL.

During the month of August many students will make their choice of the medical school which they expect to attend. The mails will be flooded with pamphlets, circulars and catalogues, which should contain a fair representation of the advantages of each school. Undoubtedly there will be many misrepresentations and a student should be very careful in making his selection. Partisan advice will be freely offered, but a student should under all circumstances thoroughly investigate the claims made by the institution. If a student starts wrong he will always be wrong and the future graduate must possess a better education than his predecessor. The profession demands that the medical college shall do better work in the future, and in view of this the council of education of the American Medical Association, after carefully studying this subject, have outlined a plan which will not only place inferior colleges upon the retired list, but it will unquestionably elevate the standard of medical education. Anyone who has read the synopsis of the address of Dr. Arthur D. Bevan, chairman of the council, delivered before the graduating class of the State College of Physicians and Surgeons in affiliation with the Indiana University, will recognize that inefficient work will not be indorsed in any medical college in the country.

A synopsis of this address appears in The Monitor of June, page 242, and a perusal will show the facts. It is quite evident that a medical college in order to be in the first rank must have a full quota of laboratory instruction, ample facilities, which means that the teachers shall not only be specialists in their line, but devote all of their time to the work.

THE STATE COLLEGE OF PHYSICIANS AND SURGEONS.

The State College of Physicians and Surgeons of Indianapolis, which is in affiliation with Indiana University, has passed its initiatory stage. The course was watched very closely and with much interest by the members of the medical profession, from the fact that its friends had taken an advanced position in the method of educating young men and women in medicine.

President Bryan, of Indiana University, and a number of gentlemen, many of whom are now members of the faculty, were firmly of the opinion that the first two years of the four years' course which

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requires laboratory instruction should be conducted at a university. The advice of the best educators in the United States was sought, in order that no step should be taken without it was correct in every particular.

It has frequently been said by President Bryan that the supreme court of medical opinion was favorable to the first two years of the State College's course being taught at Indiana University. All will admit that this is a logical proposition. The laboratories are admirably equipped for the work. The instructors not only make this their life work, but each one has specialized in his particular line.

The advantages open to the student of medicine can not be equaled in but few other institutions. In order that the last two years of the course, which are given at Indianapolis, shall be as perfect as possible, the State College of Physicians and Surgeons established the State College Hospital and also a free dispensary. This makes a very valuable contribution to the clinical facilities which it already possessed.

The first session of the State College closed May 18th, at which time it graduated its first class and was considered eminently successful. The result of the examinations before the State Medical Board for a license to practice medicine were given in detail in the July edition of the Monitor. It is surely creditable to the teaching force of an institution to have its first class make a showing of eight out of the first fifteen, while no other college had more than four. It was the highest class average ever made before this board. The lowest grade was 84 and there were no failures. This was the record of State College of Physicians and Surgeons in affiliation with Indiana University.

INTESTINAL DISEASES OF CHILDREN.

There is no need of an apology for consuming considerable space in this issue relating to the summer diseases of children. The death rate from this cause emphasizes its importance. A daily paper in one of our largest cities a few days since showed that three-fifths of the deaths was due to the intestinal diseases of childhood. In our several departments the hygiene and treatment is especially mentioned.

WHAT DID SHE MEAN?

Mrs. Armitage had a negro servant who continually prated of a certain Mrs. Reed for whom she formerly worked. Weary of hearing Mrs. Reed quoted so often, the mistress asked one day:

"Well, Samantha, what kind of work did you do at Mrs. Reed's, any way?"

"Well, honey, I cooked foh huh, I did, an' I cleaned for huh, an' I swep' for huh, an' I washed huh pussonel appea'ance."

—July Lippincott's.

STATION DERELICTS.

In every station one may find those who do not take trains or meet them, nor attend those who do. Some come to the waiting room only to wait—respectable derelicts still hoping that something will turn up, and wrecks who have given up hope. It is a warm place in winter, the seats are comfortable, and thoughtless passengers often obligingly leave newspapers behind them. It makes good waiting. There are so few other places to wait—so cruelly few for women adrift, but not yet foundered. Sometimes, to deceive that meddlesome busybody, the station detective, they carry in traveling bags, and pretend to be pulled down with their burdens, emptied long since at the pawnshop.—From Jesse Lynch Williams' "The Gates of the City," in the Midsummer Holiday Century.

LATE ALREADY.

Five minutes after the tardy gong had struck, the principal of the school was walking through the lower hall when he saw a pudgy little fellow scampering toward the first-grade room as fast as his fat legs could carry him. "See here, young man, I want to talk to you," called the principal to the late comer. "I hain't got time to talk to you; I'm late already," replied the breathless beginner, as the door of his class-room closed.—The Circle.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

CLINICAL NOTES FROM BERLIN.

By N. E. Aronstam, M. D.

(For The Monitor.)

I am working very diligently with the abundance of material in Prof. Lassar's clinic and find Lassar has a fine delivery and his instruction is terse, lucid and impressive.

The following case, which may at first sight be mistaken for a carcinomatous affection, is of interest:

Woman, aged 54.. Married, negative family and past history, presented herself for treatment. Extending from the right upper lip to the chin is a large undermined, excavated and ulcerated area about three to four cm. in circumference. Bordering on this area is a livid or lilac margin, and the skin feels indurated. There is marked ectropion of both eyes.

The patch of ulceration resembles an epitheliomatous ulcer very closely. The duration of this condition is nearly seven years. There is no cervical glandular enlargement. The fingers and hands are in a pronounced state of contraction; they are cyanotic, feel cold and exhibit a claw-like appearance. The skin feels everywhere like leather. The process began on the arms, extended down to the hands and finally found lodgment on the face and the eyelids. She was always a hard working woman and scrubbed in the coldest weather and occasionally contracted frost-bites or pernio, when working out doors. This is a case of scleroderma and sclerodactylia of a pronounced type. The treatment only one of conjecture. Arsenic is of doubtful value.

They treat syphilis here mostly hypodermically, usually intra-gluteally. They employ a new preparation very little used in the States. A derivative both of arsenic and mercury, which they inject every other day in the gluteal region. It is called "Atoxyl," a 10 per cent solution of which is the strength employed and 5-6 cm. are injected. They have abandoned the treatment of lues by the mouth or inunction. They also use a 2 per cent solution of mercuric bichlorid, but they rely mainly upon "Atoxyl," wherewith they are as yet experimenting. The results are indeed very satisfactory. I have also noticed good results from "Fibrolysin" (Merck's) in the treatment of keloid and simple cicatrices.

Berlin, Germany, June 24, 1907.

THE SIGNIFICANCE OF CERTAIN ABNORMAL STOOLS IN EARLY LIFE.

Dr. Godfrey R. Pisck, in the July Post Graduate, says no chemical laboratory or even a microscope are necessary to make an examination of infantile dejecta. Careful inspection, some litmus paper and a spatula are alone required. Stools of breast fed infants number from one to five. Their color should be a yellow or orange tint, produced by the unchanged bilirubin; they should be acid in reaction and odor should not be disagreeable. The amount of residue depends upon the amount ingested or retained.

The stools of the babe taking cow's milk are lighter in color, bulkier and numerically fewer. The feces of bottle fed children amount to 4.7 per cent of the ingesta. The pale color is due to the slower passage, digestion being more complete and odor of decomposition more pronounced. It is the tardy disposition of proteid elements, which exposes the food to intestinal putrefaction, also the much greater bacterial flora should find an alkaline or neutral reaction.

Presence of fats in a breast fed infant's stool are shown by yellow masses of flakes, surrounded by green mucus. Insufficient nourishment in the breast fed

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infant is shown in frequent dark green and mucoid stools with very little residue.

The proteid plus stool means constipation with friable (like dry putty) condition or diarrhea on being smoothed out, the fat masses found are soluble in ether.

A loose, greasy, sour smelling acid movement resembling scrambled eggs indicates excessive fat.

A small amount of mucus is normal. The greater the amount of non-assimilable substances, the greater the amount of mucus color of stools, when immediately passed should be considered. The green color, with mucus and fecal acid reaction indicates a true intestinal disease. Acid fermentation means albumen water for its correction. Alkaline putrefaction will respond to the dextrinized gruels.

A stool that presents a foamy, bubbling appearance, acid in reaction, will signify too much sugar in the mixture, as found in condensed milk feedings. The brownish movements after excluding certain drugs and blood are due to undextrined starches, often in the proprietary foods.

GEO. L. CHAPMAN.

EARLY RECOGNITION AND TREATMENT OF PNEUMONIA IN INFANTS AND YOUNG CHILDREN.

In the New York Medical Journal of July 6th, Dr. Wm. P. Northup maintains the infectious nature of this lung manifestation of a general disease.

Diagnosis: Intestinal symptoms are sudden onset of fever, prostration and disturbed respiration and pulse ratio. The prostration he characterizes as "dopey" an excellent application for this condition. Respiration pulse ratio departs from normal 1 to 4. Rales of any kind; if fine and localized, the testimony is more convincing. These are sufficient for diagnosis.

Treatment: Hygienic, castor oil, easily digested food, avoidance of stimulation with new and uninjured hearts until actually needed. Avoidance of all coal tar products.

He strongly advises the open air treatment. Those cases showing severe toxemia, with delirium and partial cyanosis or deep stupor (dopey) do better in cool, fresh air. This air may be obtained by screening off the bed and a portion of the room next to the window. The only regulation is to make the patient comfortable, keeping the feet warm. The ears, nose and hands may get cold without harm.

GEO. L. CHAPMAN.

INTUSSUSCEPTION IN INFANTS.

C. H. Fagge, M. S., F. R. C. S., in the July Pediatrics, brings forward the commonness of this condition in infants, especially those that are breast fed, the babe being in the picture of health. Initial symptoms: Sudden abdominal pain in a perfectly healthy babe, evidenced by screaming, refusal of food and drawing up of the legs; vomiting may take place once, but its repetition until the late stages of obstruction is exceptional.

When obstruction is complete vomiting occurs, then also constipation is complete.

Blood may be passed in the initial paroxysm, but it is more common for from 5 to 10 hours to lapse before typical blood and saline are passed, and during this time one or more normal motions may be evacuated.

After a few hours of intussusception, the aspect of the babe is characteristically abdominal — ringed sunken eyes and greyness around the mouth, showing evidence of suffering from want of fluid in the tissues. Pulse is usually rapid and the temperature subnormal.

Abdomen: Marked tendencies over the right rectus. A tumor usually may be felt most often on the right side; of variable size and shape, only rarely is the typical sausage-shape detected.

He strongly commends the bimanual examination of Mr. Eve, which is right index finger in the rectum and left hand upon abdomen.

Differential diagnosis is easy—principally from gastro-enteritis, ordinary diarrhea and vomiting of infants in crowded neighborhoods. The chief symptoms are:

First. The type of child; in gastro-enteritis thin, flabby, wasted and whining.

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Second. The sudden onset with acute pain, the amount of blood in the stools and the abdominal tumor.

Treatment. He strongly advises against inflation with air or injection of fluid through the rectum. The ideal treatment being a prompt laparotomy. The greatest per cent recoveries is among those with early operation.

First prepare patient for laparotomy, and if there is any hesitancy about diagnosis, give anesthetic and examine bimanually, then one is prepared to go right ahead with the operation.

My own experience with half a dozen cases at the Maurice Porter Memorial Hospital, Chicago, concurs with Fagge's advice against inflation or injection. I recall a case diagnosed by the late Dr. W. S. Christopher and operated by the late Dr. F. Henrotin, where injection was tried while the abdomen was open. There was not the least reduction of the intussusception and the distened intestines were very difficult to replace in the abdominal cavity after reduction of the invaginated bowel by traction.

Fagge interdicts that the operator should be as rapid as possible in using the best of ingredients to accomplish reduction.

GEORGE L. CHAPMAN.

A DIAGNOSTIC SIGN IN APPENDICITIS.

Anything new as a diagnostic sign in appendicitis is welcome and a synopsis from the Medical Record, July 13, is worthy of notice:

While the study of the symptomatology of appendicitis has been developed to a very satisfactory degree, instances still occur in which the methods in common use do not meet all the requirements. Blumberg (Munchener medizinische Wochenschrift, June 11, 1907) describes a sign pointing to peritoneal irritation or inflammation which he considers will be found of assistance in the diagnosis of all peritoneal conditions, and especially of appendicitis. It consists in the fact that in palpating the abdomen in the neighborhood of an area of inflamed peritoneum, not only is the downward pressure painful, but if the examining hand is suddenly removed the abrupt recoil of the abdominal wall also gives rise to pain. The author has found that during an acute attack of appendicitis with peritoneal involvement patients invariably state that the pain caused by the sudden removal of the hand is greater than that caused by the pressure, while if the inflammatory process is subsiding the two painful sensations first become equal in intensity, and finally the pressure pain is greater than the other. The author believes that the sign is especially valuable in determining whether or not operation is indicated in early cases since its presence indicates that the peritoneum has already begun to take part in the inflammation. Its sudden appearance is therefore a danger signal, while its gradual diminution in intensity points to a subsidence of the peritoneal reaction. The advantage of the method is that it does not require an absolute estimation of the degree of pain caused by the palpation, which is often difficult to obtain, but demands simply a comparison of the intensity of the two painful stimuli which most patients are able to determine accurately.

EARP.

ADENOIDS.

Morse, in the Providence Medical Journal for May, says that adenoids are one of the commonest, if not the most common, cause of chronic "snuffles" in infancy. They are also almost always present in those babies that are subject to frequent "colds in the head," and are of great etiological importance in this connection. They are usually overlooked, however, because the baby does not keep its mouth open, snore at night or have the typical facies of adenoids in later childhood, there being apparently a very general impression that there can be no adenoids, or at any rate no adenoids of importance, unless these symptoms are present. This is not so, of course, frequent colds and chronic snuffles being almost as suggestive and characteristic of adenoids in infancy as these more marked symptoms are in childhood. The treatment of these affections is most unsatisfactory, moreover, unless the underlying condition is recognized. When this

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is done and the adenoids removed, the "colds" and "snuffles" cease almost immediately. Operation is not always necessary, however, as mild cases often yield to local astringent and stimulating treatment. I have found the following mixture very useful:

R	Iodine	gr. ¼ to gr. ½
	Camphor	gr. 1
	Menthol	gr. 1
	Benzoinol	oz. 1

Five to ten drops of this mixture are put into the nose with a dropper every three or four hours. This, by the way, is the best method of making applications to the nose and naso-pharynx in infancy.

EARP.

GRAVES' DISEASE.

Booth, in the Medical Record, June 15, in conclusion of an article on Graves, says:

(1) Although Graves' disease is recognized by the prominence of four symptoms, tachycardia, exophthalmos, goiter, and tremor, this symptom complex may be incomplete in the developmental stage of the disease and here the other symptoms are sufficient for the diagnosis. (2) At the time of the first examination the degree of thyroid intoxication should be noted and the patient then placed if possible under one of the three clinical groups. (3) The prognosis depends upon the hereditary, the social position of the individual, the type of the disease, and its early recognition. All these conditions being favorable, with good care and perseverence, there is a fair chance of recovery in those patients classed in the first group. The more advanced cases stand a better chance of recovery by operation, but this must not be delayed too long when organic changes have already set in. (4) Recent clinical and experimental data still further emphasize the general belief that overactivity of the thyroid gland is quite sufficient to explain the appearance of the symptoms of Graves' disease and their disappearance after operation. (5) Thyroidectomy should be the operation of choice, as giving the best results. (6) Death following operation is due to shock and the use of a general anesthetic; therefore this should be placed in only expert hands and local anesthesia employed when possible. (7) The introduction of the cytotoxic serum marks an important advance in the treatment of the disease, and perhaps may ultimately prove to be the only rational therapeutic method.

SCOTT

CERVICAL ADENITIS.

Donoghue, in the Boston Medical and Surgical Journal, concludes an article relating to adenitis in the following manner:

1. Enlarged glands of the neck are not, primarily, tubercular, and bear the slightest relation, if any, to general or pulmonary tuberculosis.

2. They are due to mixed infection of pus-producing bacilli.

3. They will quickly resolve if the source of the infection is removed before the glandular tissue becomes disorganized.

4. If disorganization takes place, the gland should be poulticed until the gland is practically liquefied. It should then be opened by a stab-puncture, emptied and drained by a "Briggs canula."

5. Cases seen late, with a large mass of partially calcified and partially disorganized glands present, call for a thorough and extensive dissection.

The treatment by tonics, cod liver oil, iron, arsenic and the like, belongs to the age of "idiopathic inflammations," "slow fevers," and the "evil effects of the planets."

Treatment, other than local, should be food, fresh air and proper clothing.

SCOTT.

TREATMENT OF EPILEPSY.

Sajous, in an article upon epileptic seizures (Monthly Cyclopedia of Medicine, April, '07) says:

Briefly, the treatment of epilepsy should have as main object, as I was first to point out, in 1903, to activate the catabolism of spasmogenic wastes through the adrenal system and to avoid, whenever possible, drugs such as the bromides and chloral, which depress this function. In some instances, the iodides serve a better purpose; the salicylates

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(or salicin, 5 grains [0.3 gm.] three times daily) are also effective, as Haig, Vincent, and others have shown, but both these agents stimulate the adrenal center and enhance, therefore, the oxidation processes. Such remedies, to keep the blood free of toxic wastes; dietetic measures, to reduce the quantity of such wastes formed; and finally, the free use of water, to insure the rapid elimination with the urine, sweat, etc., of all physiological wastes, constitute a therapeutic triad which soon causes the vasomotor center to lose its irritability, thus preventing the cortical hyperemia to which the convulsions are due. EARP.

APPENDICITIS IN BRIEF.

Elsewhere in this issue I have mentioned a particular diagnostic sign in appendicitis. However, the conclusions of Dr. A. J. Miller, quoted by the Medical Herald from the Medical Times "nutshell" the subject so well that they here follow:

1. When in placing the left palm on the rigid muscle of the lower right quadrant, and on gentle pressure with the other hand on the left side of the abdomen, an impulse or beat is felt, the diagnosis of appendicitis can be conclusively made.

2. Severe symptoms are not always signs for grave pathological legions, and conversely mild symptoms are in many cases accompanied with most serious pathological processes.

3. Never omit to order an enema with turpentine as long before the operation as possible, to give the patient the benefit of the doubt, if you suspect intestinal worms.

4. The application of ice, sufficiently to completely freeze the abdominal wall and viscera beneath it is a scientific blunder equal to the giving of morphine to cure the malady. It masks the symptoms, and is liable to cause gangrene of the skin.

5. Always save the pathological specimen, preserve it and have it carefully labeled with the name and address of the patient from whom it was removed. It is a valuable evidence in conjunction with careful records of the case, in suits for malpractice, or any other medicolegal complication which may unexpectedly arise.

6. Probable diagnosis of appendicitis is sufficient cause for surgical intervention, while missing links to the chain of symptoms, to make a positive diagnosis, may deprive the patient's chance of recovery through operative delay.

EARP.

RENAL CALCULUS.

Horowitz has an illustrated article in the Post-Graduate for July, '07, relating to the etiology and treatment of renal calculus which contains the following case report:

Last September the patient was taken ill with severe pains on the right side of the back and abdomen, which radiated down the course of the ureter to the bladder and the inner side of the right thigh. The urine showed an excess of uric acid, red blood cells and an enormous amount of indican.

A few months later she had a second attack. This time the pains were more severe, and were accompanied by suppression of urine, both kidneys refusing to work. She was given large doses of digitalis and squills without any result. She was then given Basham's mixture (liq. ferri et ammon. acetat.) 3ii q. 2. h., hot colonic irrigation, hot packs, and sodium sulphate ℥ss q. 2. h., and not until cups were applied to the loins was the suppression relieved. It took until the fifth day. During this time she also received a mixture containing the following ingredients, which we use extensively at the clinic of the Post-Graduate Hospital:

R	Ext. hyoscyamus, fl	3ii
	Ext. Damianae, fl	3iv
	Kali Bicarb	3iv
	Muscil. Acacia q.s.	
	Aqua q.s.	ad ℥iv
	M.	
	Sig. 3i t.i.d. in aqua.	

and carbolic acid grain i t.i.d. well diluted. At no time during this attack did she have any symptoms of uremia. Subsequent to this attack, she passed blood stained urine and a considerable quantity of small stones, for a period of two weeks.

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The article concludes as follows:

1. Renal calculus is the result of faulty metabolism.

2. The uric acid type of calculus is the most common form.

3. The action of calculi on the genito-urinary tract is purely mechanical.

4. Small loose stones in the pelvis and uterer cause the most symptoms.

5. There are cases of a single large stone occupying the pelvis and the calices of the kidney without any symptoms.

6. The most important symptoms are: 1st, pain, colicky in nature, starting in the region of the kidney or in the loins, and radiate down the uterer to the bladder and thigh, and to the penis and testicle in the male, and to the labia in the female; 2d, hemorrhage, beginning usually with the passage of the stone into the bladder; it may be slight or excessive; 3d, frequency of micturition, or 4th, occasionally calculus anuria.

7. The diagnosis is often uncertain unless the stone can be palpated, or is shown to be present with the X-rays.

8. Indican is an index to the condition of the digestion, therefore pointing out the possibility of an existing suboxidation, and therefore the possibility of this condition being present also.

9. The Paquelin cautery is a valuable aid for relieving the congestion of the kidneys and thus aid in breaking up an existing anuria.

10. Carbolic acid stops the pain of renal calculus very quickly and prevents recurrence by changing the overproduced uric acid into a urate of soda.

11. Attention to diet is of great importance in the treatment of renal calculus. Fruits must be excluded.

EARP.

QUADRUPLETS.

Wilking (Ft. Wayne Journal Magazine for June, '07) reports quadruplets weighing, female 2 pounds, 15½ ounces; female 2 pounds, 15 ounces; male 2 pounds 15½ ounces; female 2 pounds, 15½ ounces, in order of birth, sex and weight respectively. All completely developed. The third child is living, the others lived only a few hours. Labor was the eleventh and easy, one placenta weighed eleven ounces, the other twenty-two ounces. The mother is of Irish descent, 36 years old, and weighs 125 pounds, and has been married fourteen years.

E.

TREATMENT OF MIGRAINE.

E. Mendel (Deutsche medizinische Wochenschrift, Nu. 20, S. 785; American Journal Medical Sciences, Monthly Cyc. Med.)

Diet regulation is considered important by the author in the management of migraine. Meat should be allowed only once a day, tobacco and alcohol should be prohibited. A regimen of milk and vegetables, with carbonated water, will keep the bowels regular and will prevent attacks. With regard to climate, an elevated region is to be preferred to the seashore. Lesions of the eyes, nose, and genital system should receive appropriate treatment. Cold baths (68 degrees F.) with friction act favorably in non-anemic patients. Prolonged galvanic and faradic treatment may be followed by cure. Arsenous acid, quinine, and iron (in anemic subjects) may prove effective. The author highly recommends the following formula: Trinitrine, 1½ grains; phosphoric acid and alcohol, of each, 2½ drams. Dose, two drops twice daily. In connection with this he advises the following powder to be taken after breakfast for three or four weeks: Sodium bromide, 35 grains; sodium salicylate, 4 grains; aconitine, 1-600 grain. If the seizure commonly appears on rising, this powder should be taken at bedtime. Pyramidon, acetphenine, or a mixture of lactophenine, 7½ grains, and citrated caffeine, 3 grains, are often serviceable. Morphine, if given at all, should be combined with atropine.

W. B. RYAN.

THE HOUSEFLY AS A CAUSE OF SUMMER DIARRHEA.

Now that the season for the housefly is rapidly coming on, it might be well to sound a note of warning in regard to the part played by the common housefly in the propagation of zymotic diarrhea and typhoid fever. There is no other medium so great in transmitting these diseases

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as is this small animal. Flies settle on all kinds of filthy matter, and on the stools of patients already suffering with the disease. Their hairy feet are peculiarly adapted for picking up germs and thus conveying them to the food in the kitchen or on the table. They often come directly from filthy matter which is loaded with the disease germs, or from the stools of a patient, and settle on the sugar or down in the coffee or in the milk. What better culture would you wish to grow most of the pathogenic germs than milk? How can we obviate this possible source of infection?

By enlightening the public of the dangerous possibility, encouraging every one in the community to practice cleanliness about the house and stables, and to dispose of domestic refuse by burning, so as to prevent putrescence near the houses. If this be done the breeding places of the flies would be reduced and a corresponding decrease in the death-rate of "summer" diarrhea would follow.

As the family physician, it is our duty to instruct the mother not to employ milk in which a fly was drowned, even if the milk is Pasteurized, because the heat employed to so prepare it is not sufficient to destroy the germ nor prevent its further development.

The Medical Bulletin sounds the warning, let us heed it. E.

METHODS OF DISINFECTION.

Roblee discusses this subject at length in a recent number of the Southern California Practitioner and furnishes these propositions:

1. Too much stress is laid upon inanimate things and not enough upon animate active carriers of disease.

2. Disinfection should be continuous and not left for one big effort at the conclusion of the illness.

3. Up to the present time, formaldehyde gas evolved by the Marine method, using one pint of formalin to six and one-half ounces of potassium permanganate is the best method for use in terminal disinfection of houses.

4. There is a crying need for a disinfectant that will be as safe and efficient as formaldehyde gas and in addition be destructive to insects and rodents without being destructive to metals and fabrics as is the case with sulphur.

5. The convalescent patient should be carefully instructed as to the danger he brings to his associates and be taught to dispose of his excretions with great care.

6. Each disease should be carefully studied and precautions used in accordance with what we know of its etiology and peculiarities. W. B. RYAN.

INTESTINAL DISEASES OF CHILDREN.

The relationship of cause and effect between enteritis and appendicitis in children is well established by the French surgeon Guinon (Soc. med. des hopitaux, 1906, July 13) and he points out that the prevention of appendicitis lies in the attention we give to the treatment of intestinal disorders in children.

Scattered throughout the literature there has been of late much written in regard to the physical signs present in cases of intussusception. The conclusion arrived at is that the only constant sign present is the passage of bloody mucus by the bowel. This mucus contains no fecal matter. On the other hand, in acute ileocolitis the blood and mucus of the stools are mixed with feces. Another useful distinction is that intussusception is more common among breast-fed babies, whilst ileocolitis is met with most frequently amongst artificially fed infants.—St. L. Med. Rev. W. B. RYAN.

COMMON BALDNESS: ITS CAUSE AND TREATMENT.

At first blush it would seem that Delos L. Parker, M. D., Detroit, Mich., has gone a long way to find the cause of common baldness in improper breathing.

Dr. Parker, in an extensive paper published in the Am. Jour. of Dermatology, claims to have isolated a poison which he named trichotoxin (hair poison) in 1901. This poison, he claims, is due to retention of residual air in the presence of heat and moisture for a considerable time.

Observation extending over a period of six years has demonstrated that imperfect breathing is always present in persons

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prematurely bald, and that it is demonstrable, from anatomical conditions of the aged, that the cause of their baldness is the same, by reason of a loss of motion of the ribs, since the costal cartilages become continuous with the ribs.

Experiments were made on dogs, hens and pigeons to ascertain if trichotoxin would denude them of hair and of feathers. The injections consisted of a watery solution of trichotoxin and were continued in each case for a period of several months. They were made with an ordinary serum syringe. The injecting material consisted of from 5 to 10 c. c. of water from a sterile flask that had been charged with expired air and a small amount of distilled water and kept at body temperature in an incubator for not less than four or five days.

Animals were treated in the manner above described in dozens of instances and in every instance without exception the result was the same. The shedding of the coat began in a few weeks and became complete in from three to five months. The shedding also followed a fixed rule. It involved, in order, the abdomen, sides and back. During the time they were being treated the animals showed no signs of disturbed health, and in five or six weeks after the injections had been discontinued all had gained new coats to take the place of those lost. One of the treated animals was made to lose and allowed to regain its coat three different times.

Treatment of Common Baldness.—Persons suffer from common baldness because they breathe improperly. The peculiar error that brings about this result is bound up in the circumstance that instead of practicing a method of breathing that causes all the lobules of the lungs to become aerated with each breath, they practice a form of breathing that causes only a part of such lobules to become aerated with each breath. The correcting of this error constitutes the treatment of common baldness.

As has been explained, the only lobules of normal lungs that can remain non-aerated by the respiratory act are those situated in the upper portions of the lungs. The specific treatment of common baldness therefore calls for a method of breathing that causes air to enter and leave the lobules of the upper portions of the lungs with each complete breath. There are two methods of breathing that cause this result—one characterized by the rise and fall of the upper ribs while the diaphragm remains stationary, the other characterized by the same behavior of the upper ribs with a synchronous fall and rise of the diaphragm added.

In treating a specific case of common baldness the physician should first explain to the patient the manner in which inspiration is to be performed. He should direct the patient to see to it that the upper ribs rise each time the breath is inhaled. He should inform him that the effort to accomplish this result may be greatly lessened by holding the shoulders well back and down, and by having the clothing about the upper part of the chest, particularly the waistcoat, worn loose. He should also advise him to cultivate the habit of utilizing the hip instead of the vertebral joints when engaged in writing or other occupation that tends to produce a cramped position of the body. Finally he should make it clear that moderate expansion of the chest is to be preferred to forced expansion.

W. B. RYAN.

COMBAT SUPERSTITIONS.

The prizes for the sessions of 1906-07, St. Thomas's Hospital, London, were distributed on the 26th of June last in the Governor's Hall of that institution by Mr. H. Rider Haggard. In the course of his interesting address on that occasion he said, among other things, that the superstitions of the world which thoughtful persons were going to face were almost as many as those of the Middle Ages. It was a part of the work of medical men to combat these. Medical men in all things should strive to earn the noble title beloved physician.

W. W. VINNEDGE.

SOME LEGAL DEFINITIONS OF "WHISKEY" AND WHISKEY COMBINATIONS UNDER THE PURE FOOD LAW.

A bulletin has been issued by the Department of Agriculture defining whiskey

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under the pure food law, and also defining its compounds. The aim of the law and of the Secretary is to insure that the purchaser of a food or drug shall obtain nothing differing from that which he wishes to buy. Thus the terms "blended whiskey" and "compound whiskey" are discussed. The pure food law establishes a distinction between "blend" and "compound," somewhat at variance with the definitions of Webster, thus: The word "blend," section 8 of the act, is a "mixture of like substances, not excluding harmless coloring or flavoring ingredients used for the purpose of coloring and flavoring only." The attorney-general is of the opinion that "blend" and "blended" can be properly used only when a single substantive, either in the singular or plural number, need follow to designate the combination appropriatively and adequately. Thus we can speak of "a blend of teas" or a "blended tea," but not of a "blend of tea and coffee."

The law defines "whiskey as a destillate, at the required alcoholic strength, from the fermented mash of malted cereals, or from malt with unmalted cereals, and contains congeneric substances formed with ethyl alcohol which are volatible at the ordinary temperatures of distillation and which give the character to the distillate." It is held that a mixture of two or more different whiskeys, as thus defined, whether their differences arise from the character of the substances from which they are distilled or from their respective methods of distillation or even from their several ages and the environment in which they were kept subsequently to distillation, would be appropriately termed a "blend of whiskies," or "blended whiskey," or "blended whiskies," provided that each article entering into the combination, standing alone, would be appropriately designated as "whiskey." Further, the mixture of spirit properly designated as "whiskey" with another spirit, such as ethyl alcohol, which, standing alone, would not be properly designated as "whiskey," must be labeled as a "compound" or as "compounded." The settlement of this phase of the question has had to do with large pecuniary interests.

Ethyl alcohol, either pure or mixed with water, with harmless coloring and flavoring agents intended to imitate the color and flavor of whiskey must be labeled "imitation whiskey." Thus for specimen labels are designated: "straight whiskey;" a mixture of two or more as "straight whiskies;" a mixture of straight whiskey and ethyl alcohol flavored and colored so as to taste and smell like whiskey as imitation whiskey, and so on. Further definitions are prescribed in designating age and grain distillates.

W. W. VINNEDGE.

"FOODS AND NUTRITION."

Under the above title Dr. H. W. Wiley (The Youth's Companion, June 20, 1907) furnishes an exceptionally interesting and instructive paper. He declares that it is estimated that forty per cent. of all the energy expended by man is utilized in securing his food. As a problem it is much simplified if one remembers that it is as definite in laws and details as any problem in mechanics; that the utilization of food for the purposes for which nature intended it is based upon rigid chemical law. Wherever chemical action takes place through the union of two substances producing a third a change in temperature is produced. This simple operation rests upon the principles of thermodynamics, and for every particle of food consumed there is an exact thermal equivalent produced. The human machine works as rigidly upon the same principles as the furnace which produces the steam to drive an engine.

Food is defined as being any substance which when taken into the body serves to build tissue, repair waste, or furnish heat and energy, and the changes undergone by food during this process is termed "metabolism," and this further subdivided into "anabolism"—digestion and assimilation, and "catabolism"—excretion of waste matters. The distinction of "food" and "drink" as used by the public is not based upon any scientific principle. Foods embrace condiments—a class of substances which take part in nutrition indirectly, foremost among which are salt and sugar.

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The food value is found by means of an apparatus known as a calorimeter or "a bomb." The laboratory experiment with this instrument determines the fuel value of foods. These experiments show that there are four principle classes of food products, all of which in many cases appear in the same substance. For example, carbohydrates—starch and sugars. Sixty per cent of all the solid food consumed by man belongs to the starch or sugar type. Sulphur and nitrogen are found in the cereals—"protein"—are important constituents of food. Protein is also the chief constituent of lean meat, as it is of peas and beans. Fat or oil is also another valuable heat producing food; it is twice as valuable as sugar or starch. Joined to cereals and flesh foods a certain proportion of mineral substances are found, such as lime, phosphoric acid, etc.—elements of human nutrition. The old idea that phosphorus was the source of human thought was long ago exploded, though it is a food.

It is evident that the nutrition of the body is most secure through the proper balancing of the various elements of plant or animal foods. In this way the health is more certainly preserved and waste avoided. Wheat is almost an ideal food. Demonstrations prove that persons who eat much starch and fat are able to endure long continued physical exertion, through the evolution of immense quantities of heat and energy. Thus, the doctor thinks, the Panama Canal will be built by rice, wheat, Indian corn, bacon, oil, potatoes and fruits. As a rule the food value of substances is greatly impaired by the use of chemical antiseptics and artificial colors. Researches in chemistry and physiology have done and will continue to do much to ameliorate the condition of man as to the true nature of his food and the true philosophy of its use. Through these channels he will be protected and ought to secure pure and wholesome articles of food for his subsistence.

W. W. VINNEDGE.

NEUROLOGICAL SURGERY.

J. B. Murphy, Surgery, Gynecology and Obstetrics, April, 1907.

To attempt to digest this monograph would require an entire issue of the Monitor, since it occupies 135 pages of the above journal. Like all of Dr. Murphy's monographs, it has been reprinted in convenient form and sent to a number of favored friends.

Dr. Murphy, in this article, gives a resume of all the newer things in surgery of the spine and peripheral nerves, and not only does he give the histology and minute anatomy, but also much of historic interest. The literature of all countries has been gone over and cases similar to those in his own practice, have been tabulated. Numerous illustrations, showing technique of operations, diagrams, and photographs of cases, are shown throughout the article.

Differential diagnosis and treatment are exhaustively considered, and as a reference work its contents should be familiar to every man doing general surgery.

The July number of the same journal contains two other articles along similar lines. Dr. S. H. Weeks, of Portland, Me., presents a resume on brain surgery, and Dr. Leonard Freeman, of Denver, Colo., reports three cases of early operations in ischemic paralysis.

The thing that we are learning is, that many cases that are at present hopeless, might have been restored to perfect health, had early surgical intervention been advised. Degenerative changes are certain where nerve function is interfered with. Excellent results are being obtained in the anastosmosis of various peripheral nerves. In all these cases, however, the surgeon, before attempting operative interference, should be fortified in consultation by an expert neurologist, for very frequently the after care with electrical, vibratory, and trophic stimulation are determining factors in the success or failure in the surgeon's work.

M. A. AUSTIN.

BLASTOMYCOSES.

Dr. A. W. Brayton, Indianapolis, Ind., Indiana Medical Journal, June, 1907.

In this paper Dr. Brayton reports his observations in eight cases of the disease. To this list of eight cases the reviewer will shortly add another. The patient, a woman, 42 years of age, and at present a convalescent at St. John's Hos-

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pital at Anderson, Indiana. This interesting disease is a recent entity, so far as its pathologic recognition is concerned. One of the best descriptions of this condition is to be found in the November Annals of Surgery, 1899, a monograph by Drs. Owens, Eisendrath and Ready, of Chciago. Over a hundred cases of this peculiar condition have been reported in the United States, and nearly 50 per cent of the cases have been reported from Chicago, which accounts for its pseudonym, "Chicago disease."

The recent case of Dr. Austin's was referred by Dr. Armington, of Anderson, and the condition of the limb was such that amputation was thought advisable by several physicians who had seen the case prior to Dr. Austin. A diagnosis of Blastomycoses was made by the latter and culture and microscopic verification was made by Dr. Rucker, of Indianapolis, Indiana, in the laboratory of the State Board of Health.

Harrington's solution was applied for five minutes on four consecutive days, entirely destroying a granulating surface, 65 square inches in extent. This was followed by compresses of normal salt solution and a week later gold leaf applications were used to cover the ulcer, and this has been followed by almost complete granulation and epidermization. A full report of the case will be published later.

Dr. Brayton's paper in the Indiana Medical Journal is very conclusive, very comprehensive and should be carefully read by both surgeon and dermatologist.

M. A. AUSTIN.

BENIGN LESIONS OF STOMACH.

Munro, in Annals of Surgery, June, '07, presents a splendid paper entitled "End Results in Benign Lesions of the Stomach Surgically Treated."

Of the total number of 150 cases, 87 showed gross ulcers in the stomach, in the duodenum, or in both. Sixteen cases belong to the class of so-called medical ulcer, where no gross, palpable lesion could be found at operation. Among his earlier cases there were fifteen so-called neuroses, and, finally, he had nine cases classed variously as ptosis, spasm of the pylorus, etc.

He has secured immediate and permanent benefit from operation in many types of gross lesion. He has also obtained good results in (a) active ulcers near the pylorus, but not necessarily occluding it; (b) in ulcers of the duodenum, with an occasional exception; (c) in the gross chronic ulcers of the lesser curvature and anterior wall, in the pyloric half of the stomach, especially if there is active hemorrhage; (d) in some cases of saddle ulcer; (e) in ulcers of the posterior wall, near the cardia, that infiltrate towards the upper edge of the stomach; (f) in ulcers of the lesser curvature when combined with adhesions that interfere with the gastric motility; (g) in some ulcers of the posterior wall when the pylorus is not mechanically interfered with; (h) in some ulcers at the esophageal angle of the lesser curvature; (i) in ulcers of the greater curvature; (j) in hourglass stomach; (k) in stricture of the pylorus; in thickening of the pyloric ring without evidence of an active ulcer, and lastly, in dilated, sagging stomachs secondary to some recent or early process in or near the pylorus, which mechanically interferes with the evacuation of the gastric contents.

He reports two definite failures in duodenal ulcers, and in one saddle ulcer. In cases in which there is no gross ulcer, no pyloric obstruction, nor other crippling lesion, it is best to close the abdomen, and not meddle with the stomach.

In twenty-five cases of adhesions without evidence of an active chronic ulcer, excellent results were obtained in all but six, and of these two complained only of eructation of gas. The adhesions for the most part were firm bands or masses that extended from the pylorus or duodenum to the gall-bladder region. The worst cases for interference were those classed as neurotics. Most of these cases were made worse. One of the most annoying victims allowed him to restore his gastric apparatus to its original anatomical arrangement with instant relief.

He is convinced by experience that the simpler the technique and the nearer it follows anatomical lines, the better the result.

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The first method he used was what is known as the Monyhan, beginning with the long and ending with the short loop.

He then tried the posterior gastro-enterostomy with primary entero-anastomosis, with rather better success, but still having an occasional case of regurgitation. Going to the Roux operation-in-Y modified by making both anastomoses with the clamp and suture, he had almost complete success, although he regards the technique as somewhat complicated. He then adopted the no-loop operation, first with the longitudinal gastric slit, and later with the opening in the stomach transverse to the gastric stream.

Excision of the ulcer bearing area, which is also the cancer area to a great extent, would be the ideal process in all suspicious cases beyond middle life. Unfortunately many patients come late, with little power of resistance owing to prolonged starvation, anemia and loss of courage.

The simplicity, cleanliness, rapidity and safety of the clamp and suture operation are strong arguments at the present time against any substitutes. A pair of simple rubber-covered clamps and a needle and thread should suffice in practically all cases. He prefers linen in the serous layer and fine chromic gut in the muscle-mucous layer.

It is almost impossible in an abstract to give a comprehensive review of this excellent paper, and it should be read by all who are interested in gastric surgery.

The writer of this abstract had the pleasure of seeing some of Dr. Munro's splendid gastro-intestinal work at the Carney Hospital during a four-weeks' stay in Boston last year.

T. C. KENNEDY.

OTITIC DYSPEPSIA OF INFANTS.

Amberg, in J. of S. M. S., says: Ponkif has shown by his systematic investigations that otitis media in children is not only a local but also a general disease. Kishi says that otitis in infants is of importance not only to the otologist but also for the specialist in children's diseases. He observed during half a year fifteen cases of otitic dyspepsia in infants; four after measles, one after bronchitis; in ten no cause could be found. Kishi has found as especially important symptoms in otitic dyspepsia enlargement of the liver and gnashing, besides the well known peevishness, loss of appetite, digestive disturbances, diarrhea, vomiting, falling away. As long as there exists an otitis media without a perforation of the drum membrane the enlargement of the liver persists and the liver retains its hard consistency. The infant gnashes with its teeth as soon as pus accumulates in the tympanic cavity. These symptoms are characteristic for otitic dyspepsia and always point toward otitis media in infants. Furthermore, in otitic dyspepsia there are never violent inflammatory appearances on the drum membrane, but only pronounced cloudiness and bulging. Kishi is of the opinion that otitic dyspepsia is created because the products produced in the tympanic cavity wander into the gastro-intestinal canal through the Eustachian tube. The enlargement of the spleen in otitis media of infants was especially emphasized by Ponfik pathologic —anatomically. Clinically it can not always be demonstrated. Kishi found enlargement of the spleen only three times in fifteen cases.—Archiv. feur. Ohrenheilkunde.

KAHN.

SPARTEINE SULPHATE IN SURGERY.

Stuart McGuire (Va. Med. Semi-Monthly) believes sparteine sulphate to be a very valuable drug in post-operative suppression of urine. This was first discovered accidentally in his surgical practice two years ago, when it was used empirically and was the means of saving a life when the usual remedial measures had failed to show results. Sparteine sulphate increases blood pressure, slows and strengthens the pulse, producing a powerful diuretic effect. Its action is manifest in thirty minutes after administration and lasts for four or six hours. To get satisfactory results, sparteine sulphate should be given hypodermatically in from one to two grain doses, repeated every three to six hours. It ought to be used as a prophlactic as well as a curative agent. It is not claimed as a specific, but should be supplemented by

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other rational measures, such as hydrogogues, transfusions and hot packs. Actual experience has proven it to be preferable to other drugs of its type, as to rapidity of action, ease of administration, and what is most important, efficiency of results. D. F. BERRY.

THE SPIROCHETA PALLIDA.

Max Wolff and Theodore Saling have been engaged in a controversy of considerable bitterness relative to the existence of the recently discovered Spirocheta pallida, which is reported to be the cause of syphilis. The latter investigator has taken the offensive and declares that there has been too much haste in accepting the spirochetal theory, that there is not sufficient scientific basis for its acceptance and urges extreme caution. Saling holds that the silver stain method as a proof of the existence of the spirocheta is deceptive for probably what has been taken for that organism is nothing but the very small nerve terminations and even other tissues sensitive to silver stain. His opponent Wolff, however, makes a strong plea for the organism. Other prominent bacteriologists and investigators have taken sides pro and con in the question. H. Friedenthal shows spiral nerve-fibres stained by the silver method from a carcinoma of the breast of a non-syphilitic patient, which have identically the same appearance as the so-called spirocheta. He likewise urges caution and declares that because hitherto scientists have failed in producing artificial cultures of the organism causing syphilis, and that as our knowledge of the spirocheta pallida is entirely dependent upon indirect evidence, the etiology of syphilis will only be placed upon a firm basis when the silver stain process has been given up. His conclusion is that "when typical giemsa-spirocheta are found in all syphilitic diseases, in the same manner that the silver-spirocheta is found now, then and only then can the spirocheta pallida, without question, be admitted as the cause of syphilis."—Medical Notes and Queries, April, 1907.

D. F. BERRY.

TEXAS AS A SITE FOR TUBERCULOSIS SANATORIUM.

C. H. Wilkinson, M. D.

Of all the States in the Union none can offer more desirable locations for the establishment of a tubercular sanatorium than can Texas. In our great Empire State we can furnish almost any desirable climate that the world possesses, and as for altitude, we can supply any degree of elevation that the most exacting invalid could ask for. With almost perpetual summer for the entire year round, with cool, dry, bracing and refreshing breezes twelve months in the year, and with cloudless skies for most of the time, with an abundance of pure and sparkling waters gushing from gurgling springs, we can boast of an ideal land in certain portions of our State compared to which there are few more favored spots for the healing of tubercular cases in any quarter of the world.

Not all, but most of the territory lying between the Colorado and the Rio Grande rivers, and south of the thirty-first degree of latitude, might properly be called a natural sanitarium. In some of this territory fresh meat exposed to the direct rays of the sun in the open air, will remain pure and untainted for many months. No pus germs can survive in this climate, and suppurating wounds are never seen.

One can make his bed upon the lap of nature at night with only the starry canopy above him and sleep to his comfort and advantage all night long.—Texas Med. Jour. D. F. BERRY.

THE IMPORTANCE OF EARLY RECOGNITION OF TRANSIENT SPONTANEOUS GLYCOSURIA.

Drs. Barringer, Jr., and Roper (American Journal of the Medical Sciences, June, 1907) reviews and discusses the origin and the ultimate consequences of "transient spontaneous glycosuria and its relation to alimentary glycosuria." They emphasize the fact that intermittent glycosuria is frequently due to ingestion of saccharine matter, and is, therefore, not necessarily diabetic and belongs to the class non-diabetic glycosurias. But when

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starch or mixed diet produces continuous glycosuria diabetes is invariably present.

They point to the fact that in alimentary glycosuria, due to intake of sugar or starch, may be transient or permanent, and when permanent, is diabetic. This condition is due to faulty or inability to assimilate the starch and sugar of a mixed diet. But it is a question which remains unsolved whether finally this is to be attributed to some transient disturbance of metabolism or to a beginning diabetes. In the past they were inclined to underestimate the serious import of the many forms of glycosuria, but of late they are inclined to give a grave prognosis in these cases."

In proof of the gravity and the importance that attaches to this class of cases the authors here quote Von Noorden: "When a transitory glycosuria is accidently discovered in an individual, the reason for which does not obviously lie in a diet excessively rich in sugar, I should like to recommend urgently that such an event be neither heeded lightly nor neglected. It is in most cases the warning signal of later diabetic disease, the outbreak of which may not occur for many months or even years."

The authors in their research for data as to the length of time which intervened before diabetes fully developed from the appearance of transient glycosuria the following conclusion is revealed which was taken from the records courteously placed at their disposal by the medical directors of one of New York's large insurance companies. These were all of New York City cases showing a glycosuria of one per cent or less during the years 1900 and 1901, choosing these slight glycosurias so as to exclude if possible all diabetics.

Records showed that sugar had been found once in three men and twice in two men prior to 1900. The fifteen remaining cases, with their first record of sugar in 1900 and 1901, seven showed it again at some subsequent period; seventeen of the twenty showed normal urine at least once after the sugar was first discovered. The remaining three gave normal twenty-four hours specimens in 1906. In all of these cases there was discovered transient spontaneous glycosuria some time between 1895 and 1901, and in no case could it be said that anything more than transient spontaneous glycosuria existed. Four of the twenty developed mild diabetes in from five to eight years. At a later period eighteen of these men were each given 100 grains of glucose during the forenoon, about three hours after breakfast, the purpose of this test was to estimate the sugar tolerance as a means of determining at a relative early date which cases of spontaneous glycosuria will become diabetic.

Conclusion.

Twenty per cent of a group of spontaneous glycosurias had become diabetic at the end of five years, and 15 per cent had become suspicious cases, and 10 per cent somewhat suspicious; 55 per cent had remained free from diabetes.

Eight of eleven cases of spontaneous glycosuria, in which sugar recurred, became diabetic or probably diabetic. Alimentary glycosuria is essentially diabetic in its nature. In order to safeguard these subjects and to ward off the impending crisis the authors, by and with the authority of Von Noorden, advises in all cases a moderate reduction of carbohydrate food and especially a complete exclusion of sweet comestibles.

CRISMOND.

AN APT QUOTATION.

Representative John Sharp Williams tells of an old darkey whom he once encountered in a railroad station at Charleston, and whom the Congressman, expecting to remain in town but a few minutes, desired to take a note to a friend in the city.

"Are you sure you know where the house is?" anxiously inquired Mr. Williams. "I want my friend to get the note at once."

"Well, sah," answered the negro, with a roll of his eyes, "I on'y wisht I had as many dollahs as I knows where dat house is, sah!"—The Circle.

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MEDICAL MISCELLANY.

A STATE MEDICAL JOURNAL.

Several times the effort to establish a State Medical Journal has failed. At the last meeting of the State Medical Association the subject was given a new impetus and a committee was appointed to prepare a report. The county societies have been asked to express an opinion by vote and by this method if it meets with favor would give the inference that it would show the future action of the State Association. It has been suggested that the other journals of the State unionize to form the State publication and it has been intimated that such a course met with favor. We cannot speak for the other journals but the Central States Medical Monitor will not enter into any combination. It is upon a paying basis and hence will continue to be so as an independent journal.

Its circulation has increased rapidly of late and there is every reason to believe that it has the confidence of the profession. Our advertisers are getting value received and the complimentary letters received by the management would indicate that our efforts to publish a first class journal have been successful. Furthermore our success, especially during the past year will probably be the means of increasing our facilities and furnishing our readers with a still better periodical.

If there be a State Journal, The Monitor will continue to give the news, tell the truth, with malice toward none and a firm loyalty to its supporters.

THE RED CROSS BADGE FOR THE PROFESSION

Chicago gives the doctor the privilege of the right of way, through parades, crowds, etc., by means of the red cross badge. The red cross displayed on a motor car gives the driver the additional privilege of breaking the speed limit. Here in Indianapolis not long since one of our number was taken before the police court for speeding while on an emergency call. The judge, when the case was called recommended the profession to get together and have appropriate laws passed by the Council giving these privileges. The Indianapolis Medical Society is the proper place for this to be taken up at the first meeting after the summer vacation.

OUR MIDSUMMER ISSUE

The midsummer issue of many medical journals is often likely to wane in value, hence reading matter of especial importance at this period of the year is likely to be slighted.

We have endeavored to continue the standard of The Monitor and desire to call attention to our July and August issues in justification of this claim. It is our intention to present the new in medicine and yet a review of the old, in a concise and practical manner. It is our desire to increase the subscription list and hope our friends will act as agents. The subscription price, $1.00 per year, amounts to a fraction over 8 cents a copy, which is small compared with the value of the journal.

MORTON MONUMENT UNVEILING

Dr. Warren King of Greenfield, president of the Morton Monument Commission, made the presentation of the monument to the State, July 23. Governor Hanly responded. Drs. W. B. Kitchen, W. H. Wishard and P. H. Jameson were guests of honor.

The Morton homestead where Governor Morton died is still standing southeast corner of Pennsylvania and New York streets, and is now utilized for physician's offices; the occupants are Drs. Masters, Schneck and Hays.

STATE COLLEGE HOSPITAL

The capacity of the State College Hospital has been increased by the addition of 16 rooms. The nurses' quarters have been changed to another building. The Hospital is modern, well equipped and one of the best in the State.

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DEATH OF DR. G. W. RONALD

Dr. G. W. Ronald, who had many friends in Indiana, died at his home, Southern Heights, near Louisville, July 19, of apoplexy. He was 84 years of age and the oldest physician in Louisville. Dr. Ronald graduated from the University of Louisville in 1852 and was surgeon in the Civil War. He had been a Mason fifty years.

PATRIOTISM OF DR. H. W. WILEY

Our collaborator, Dr. W. W. Vinnedge, has received a souvenir postal card from Dr. H. W. Wiley who is chief chemist of the United States and now in Bordeaux, France, which says: "Expatriated on the day we celebrate I send you and madame a souvenir, showing I do not forget my native country July 4, 1907.

OUR CYNIC'S PHILOSOPHY

Wounded feelings are slow to heal if at all and it is not an easy matter to keep the scar out of sight.

When money makes the mare go, bankruptcy is generally the jumping off place.

The sign on Capitol Avenue Boulevard says: "for pleasure vehicles only." A hearse is construed to be a pleasure vehicle only when it contains a mother-in-law.

The monotony of jail life and a summer beach may be identical; and yet in one there is water behind cross bars, and in the other you cross bars to get water.

After a lawyer's battle, plum pie is substituted for hard-tack.

A man who does all the talking does little else.

Midwifery to be successful should be an express business, each baby with the tag C. O. D.

The man who never smiles looks like a poison label robbed of its grin.

When the danger signal is in sight just whistle with a vim, it is a good prophylaxis.

If like cures like, then the cure for sadness is to attend a funeral.

It is poor satisfaction to look at a corpse and imagine him your enemy.

If May apples are so called because they never get ripe in May, it is just as logical as the alleged meaning of Christian Science, which is neither christian nor science.

Cheap talk is not obtained at reduced rates because it has so little value and yet it might be called a mental excursion.

The automobile face would never win in a beauty contest.

SIN IC.

NEWS ITEMS

Dr. J. H. Ford and daughter took a pleasure trip to Thousand Islands, Canada.

Drs. David Ross and Charles E. Cottingham announce the removal of their office to 416 Board of Trade Building.

Dr. Geo. L. Chapman visited his former home in Chicago during early August.

Dr. W. S. Given has returned from New York where he has been doing post-graduate work in diseases of the rectum.

Dr. M. A. Austin took his vacation in Chicago during August, the guest of Dr. Chapman.

Prof. Burton D. Myers of the School of Medicine of Indiana University has returned from a business trip to New York City.

Dr. Ernest De Wolf Wales and family are spending the month of August with his father at Braintree, Mass.

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Dr. H. C. Parker who recently located in Indianapolis and who was a former member of the staff of the Massachusetts Charitable Eye and Ear Infirmary is preparing a treatise upon "Diseases of the Eye" which will be published soon. Dr. Parker is now Assistant Professor of Ophthalmology in the State College of Physicians and Surgeons.

Drs. W. Rice Holsman and E. E. Kelso were in the city recently attending operative cases at the State College Hospital.

Dr. Allison Maxwell's mother and his oldest brother both died the same week in July at the old homestead in Bloomington. Dr. Maxwell was on this account out of the city several days.

Dr. John C. Sexton of Rushville, Indiana together with his wife, daughter and son took an auto tour in Kentucky during the first week in August. Dr. Sexton is an expert in the management of an auto, and at a banquet held in Connersville in 1905, the Doctor gave a toast upon the subject "The Doctor and his Auto." It was a master-piece both as to the thought it contained and the elegance of the language used to express what he said.

Dr. Geo. Pendleton spent the latter part of July and the first part of August visiting in Kentucky.

Dr. A. L. Barnes of Southport, Indiana, has gone to Tacoma, Washington, and Dr. Laurence H. Shaw, State College, '07, is attending to his practice.

Dr. H. H. Koons has changed his residence from New Lisbon, Ind., to New Castle, Ind.

Dr. Roy Crabill, State College, '07, recently married Miss Crothers, a nurse at the State College Hospital and has located at New Lisbon, Ind.

Dr. S. P. Scherer and family will "summer" at Traverse City, Michigan.

Chas. F. Taylor, editor of the Medical World, Philadelphia, who graduated from the Central College of Physicians and Surgeons in 1879, has been elected president of the American Editors Association.

Dr. Amelia Keller will take a hospital course in Boston during August and September.

Dr. John A. and Mrs. Sutcliffe will take their summer outing in Connersville enjoying farm life.

Dr. T. Victor Keene, formerly of the State Laboratory has completed the organization of an institute to treat hydrophobia by the Pasteur method. This is probably the first time the Pasteur treatment has been offered in this State. A letter directed to Dr. Keene, Indianapolis, will be answered with full information.

Dr. Wilfred Hamilton Manwaring, Associate Professor and head of the Department of Pathology in Indiana University, has gone to Europe to spend two years in laboratorial work in connection with the Rockefeller Institute for Medical Research after which he will resume his duties at the University.

Dr. William J. Moenkhaus, of Indiana University, is at Woods Hall, Mass., studying biology at the main biological laboratory.

Drs. Care H. Eigenmann and Charles Zeleny of Indiana University will attend the International Congress of Zoologists at Boston, which meets the latter part of August.

Dr. A. G. Pohlman, junior professor of Anatomy, Indiana University, is doing work at the Indiana University station at Winona Lake.

WHAT DID HE MEAN?

Wilkins—What did Binns say when you asked if he had read your book?

Miller—He said yes, and added that he didn't read much.—The Circle.

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Yesterday

(Written for the Monitor.)

Do you ever hark back to your childhood,
To the beautiful long, long ago,
When the days were all longer and brighter,
When the years went outrageously slow?
When all people were wiser and better,
When the winters had, always, deep snow?
When the summers were longer and hotter—
When ambition and love were aglow?

Has there ever been known since creation,
Such ineffably beautiful girls,
With such heavenly, heart-crushing coyness—
Such divine, such distressing, sweet curls?
Have you ever known distances endless,
And climbed hills that were high as the moon,
And known lovers as steadfast as granite,
And kept trysts that were ended too soon?

Did you ever look into the future
With your eyes all ablaze with delight,
While the wondering world made obeisance
To your marvelous talent and might?
Have you dwelt, in your dreams, with Aladdin,
With him hoarded vast treasures of joy?
Have you followed the myth of the rainbow?
Then, I know that you once were a boy.

—W. Byford Ryan, M. D., Indianapolis.

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BOOK AND JOURNAL REVIEWS.

Wellcome's Photographic Exposure Record and Diary. Three editions, United States; Southern Hemisphere and Tropical edition, for Tropics and Southern Hemisphere; Northern Hemisphere edition for Canada, Europe and all countries north of the Tropic of Cancer, except United States of America. Burroughs Wellcome & Co., 45 Lafayette Street, New York City. Price of the United States edition, 50 cents.

The photographer, especially the amateur, who is anxious to do good work, is often in search of a compact vest pocket book for memoranda, etc., the above record and diary more than answers all demands. It has all the useful and best formulas in use today. It contains tables of light values, scales for exposures and focusing, and even the professional will hunt long to beat the little compend. It will give entire satisfaction and assist one to become a true artist.

Diseases of Infancy and Childhood. Their Dietetic, Hygienic, and Medical Treatment.—A text-book designed for practitioners and students in medicine. By Louis Fischer, M. D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital, etc.; Fellow of the New York Academy of Medicine. With 303 text illustrations, several in colors, and twenty-seven full-page half-tone and color plates. 979 royal octavo pages. Extra cloth, $6.50, net; half-morocco, $8.00, net. Sold only by subscription. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Feeding in health and disease is treated comprehensively. The modification of milk and all substitutes, together with the value assigned to each, makes instructive reading. The disorders associated with improper nutrition are made clear in an effort to show, not only the cause, but how pathological processes should be overcome. The diseases of the blood and the nervous system are not in the least slighted. The eye, ear, skin, spine and joints also receive attention. The subject of infectious diseases is discussed in a general way; also fever, including the views of a number of standard authors, and following these is a table for acute infectious diseases, which makes plain the important points in differential diagnosis. In the treatment of pertussis, bromiform is one of the remedies suggested, and it will be remembered that the author first introduced it in this country in 1890, hence it is evident that this disease has been given considerable attention by him, as the article will show. In the treatment of pneumonia it will be clearly determined that Dr. Fischer is not a therapeutic nihilist. He advocates the use of drugs which are potent; his method is rational, and we believe the best known at this time. The colored plates showing the inflamed tissue and red hepatization in pneumonia are very fine. Diphtheria, from etiology to cure, is interesting. Every method of recognized treatment is given, including both medical and surgical. The description of intubation, extubation and tracheotomy is plain and given in detail. The miscellaneous department of this work takes up disinfection, urine, rectal medication, prescriptions for various diseases, the use of anesthetics in children, table of doses, and many other important topics. There are over 300 illustrations, some of which are in colors.

International Clinics, a quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by W. T. Longcope, M. D., Philadelphia, U. S. A., Volume II, Seventeenth Series, 1907. Philadelphia and London. J. B. Lippincott Company, 1907. Price, $2.00.

The International Clinics always calls for words of commendation. The completeness and thoroughness of this volume, together with subjects interesting and instructive, give it great value. The

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opening chapters take up the subject of the vaccine treatment of infectious diseases and rheumatism, which are of considerable importance. The management of exhaustion groups the resources under five heads, and the author, John Madison Taylor, speaks of exercise and discipline and exercise cures and in reference to the crux of the whole matter quotes from the Bible and Milton. Certain information by the examination of the feces outlined by Letulle is worthy of mention. Rous has a splendid article upon clinical examination of the cerebrospinal fluid. What Wainwright says about asepsis and antisepsis is very good.

The department of gynecology starts out with an article upon postpartum hemorrhage and its treatment by Lee, the descriptive matter is well illustrated by colored plates; it consumes twenty-nine pages and the reader will feel well paid after the perusal of it. Menstruation, pregnancy and dysmenorrhea are topics which follow.

The closing chapters upon pediatrics and pathology are the equal of others, which means that they will meet with favor.

Diseases of the Rectum. Their consequences and nonsurgical treatment, by W. C. Binkerhoff, M. D., Chicago, Ill. Price, $2.00. Orban Publishing Co., 17 E. Van Buren Street, Chicago, 1907.

The author advocates medical treatment in a large number of cases of diseases of the rectum, and in hemorrhoids prefers the injection method. He recognizes the occasional necessity for rectal surgery and does not hesitate to employ or recommend it where unavoidable, at the same time disapproves of its use in otherwise curable cases, which he believes comprise the great majority of those, wherein a disease of the rectum exists. Considerable importance is attached to reflex symptoms and illustrative cases are cited. The author believes in conservatism, which is plainly shown throughout the book. In order to substantiate his position, he furnishes a number of case reports, showing cures which have been accomplished by his method of procedure.

THE SALICYLATES IN LICHEN PLANUS.

M. B. Hartzell, Philadelphia (Journal A. M. A., July 20), finds that in a minority of cases of lichen planus, in which the arsenic treatment fails, the salicylates either alone or in conjunction or alternating with arsenic, are of good service. Four cases are reported of patients thus treated with salol and salicylates of lithium and sodium. While the number of cases is inconclusive to a certain extent, there seems to be sufficient evidence that the salicylates are sometimes of value, especially for the relief of itching and in cases where arsenic either fails or actually aggravates the condition. Hartzell also describes several unusual eruptions or lichen, such as circles and segments of circles, slightly elevated discs, and band-like papules instead of the ordinary diffuse form. One type mentioned as perhaps the rarest and most interesting is that where blebs accompany the usual flat-topped angular papules characteristic of the disease. These were present in one of the cases reported, and the author suggests the possibility of their being the result of traumatisms caused by the patient scratching himself.

TREATMENT OF HYSTERIA.

There appeared in the N. Y. Med. Jour. of July 13 a lengthy abstract of an article in the Lancet on Hysteria, by Savill. We reproduce that portion which refers to the treatment:

Under psychotherapy may be included all kinds of persuasion, suggestion (autosuggestion and heterosuggestion) and hypnotism. The object is to cultivate the will and control of the patient over her unruly emotions and unstable reflex centers. Ammonium bromide is the writer's sheet anchor for allaying the irritability of the reflex centers. Apomorphine is the best remedy for the prompt cure of severe hysterical convulsions. The writer has also had a certain amount of success with vasoconstrictors (ergot), vasodilators (pilocarpine), and remedies acting on the blood (calcium salts) in cases where there is noticeable irregularity in the vasomotor regulator

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mechanism. Educational and other prophylactic measures are of great value.

NITROUS OXID AS AN ANESTHETIC IN MAJOR SURGERY.

In his chairman's address before the Section on Anatomy and Surgery of the American Medical Association (Journal A. M. A., July 20), A. D. Bevan, Chicago, says that for the past three or four years he has been using nitrous oxid gas and air as an anesthetic in an increasing number of cases, beginning in cases in which chloroform and ether were especially contraindicated, but he has gradually come to employ it in a large proportion of his surgical cases. If properly administered with air, an anesthesia of a half-hour or an hour can be secured. It is the anesthetic of choice for reducing fractures and dislocations, opening abscesses, breaking up adhesions in joints, draining empyemas in exploratory laparotomies, gall-bladder surgery, nephrotomy, nephrectomy and nephrolithotomy, in suprapubic operations, in draining appendiceal abscesses, in colostomy, gastrostomy and enterostomy, in intestinal and gastric perforation and ulcer, in hernia operations, in varicocele and the open operation for hydrocele, in castration, in amputations, except of the largest joints, and in removing some tumors. It is not so available for operations about the perineum, hemorrhoidal operations, etc., and those in which complete muscular relaxation is desirable. The disadvantages of gas anesthesia are its greater expense, and the cumbrousness of the appliances, the less profound anesthesia, and the dark color of the patient's face and the dark blood in the wound may make it seem less satisfactory than ether or chloroform anesthesia. Its greater safety, however, the rapidity of its action, the greater comfort to the patient, the freedom from nausea, the quick recovery, the great freedom from lung or kidney complications and from fatty degenerations that may follow the use of chloroform, and of ether to a less degree, all combine to make nitrous oxid gas and air anesthesia the most desirable for a large class of surgical cases. Bevan pleads for its more extensive trial by surgeons, and makes a suggestion that a committee on anesthetics be appointed to report each year on the progress made in this important field of work.

A SUGGESTED REPRISAL.

The air is tense, you hold your breath,
Or yell your fervent coaching,
As Casey, with unrivaled speed,
The home-plate is approaching.

That moment psychological,
A sweet young thing, so cunning,
Will turn to you and blandly ask,
"Now, why is that man running?"

Ah, maidens fair, I often think
You would not be more willing
If we should interrupt your game
When comes the climax thrilling.

Suppose that just before he popped,
Your strained enjoyment balking,
We turned to you and blandly asked,
"Why isn't that man talking?"

—McLandburgh Wilson, in The Circle.

A MAGNOLIA ELYSIUM.

When good Charlestonians die, their bodies, it is said, go to Magnolia cemetery, and their souls to the Magnolia gardens. Indeed, it were quite excusable in a wandering spirit, if, chancing on these gardens when the azaleas were in their radiant perfection, he should mistake the place for Elysium, especially if looking for such a garden-like Elysium as Herrick's. Although widely known, and visited yearly by hundreds, Magnolia is not a public garden, but a noble old estate on the Ashley river, belonging now, as it has belonged for two hundred years, to the Drayton family of South Carolina. Very much as the folk of Tokio go out to worship the beauty of the cherry blossoms, so, in March and April, Charleston people and any stranger fortunate enough to be within their gates, make a pilgrimage to Magnolia. During the season the little steamer plies between Charleston and Magnolia, making the trip twice daily.—From Frances Duncan's "Magnolia Gardens," in the Midsummer Holiday Century.

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NURSES DIRECTORY

TO THE physicians of the State we recommend the following nurses as being thoroughly competent and worthy any nursing you may desire done. Call them direct by phone or telegraph or procure any of these nurses by communicating with the Monitor, care of Dr. D. L. Kahn, 323 North Delaware street, Phone New 5900.

NURSES

BILLINGS, MISS CLARA, No. 47 The Ardmore..... New Phone 5408
BOUNELL, INDIA J., No. 62 The Ardmore, 236 N. Del.. " " 2408
BRANDON, MRS., 715 N. Capitol Ave..... " " 2446
BABEL, MRS. FREDA., The Coburn,.....Old Phone Main 5918.
CRANE, MRS. IDA, No. 4 The Roberts.....New Phone 5810
FETTIG, MISS CATHERINE, 1309 Broadway..... " " 4620
FLOYD, MISS ALICE E., 513 N. New Jersey St..... " " 5009
JEFFERS, MISS HARRIET, 941 N. Alabama St..... " " 4375
(General nursing except obstetrics.)
MAXWELL, MISS LILLIE, No. 628 E. 11th St..... " " 2915
MCCARTY, MISS SADIE, 60 The Ardmore, 236 N. Del.. " " 2407
MCGREGOR, MISS ADA, No. 3 The Alexandria.. New Phone, Main 6085
MOON, MISS COSETTA, J., 2408 N. Illinois St.....New Phone 2861
OLIVA, MISS MARTHA, 513 N. Delaware St..... " " 1619
PROUGH, MISS CLEMENTIA, M., 1413 E. Eleventh St.. " " 2886
RUNYAN, MISS NELLIE, 631 N. New Jersey St..... " " 5686
(Obstetrical nursing only.)
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THAYER, MISS LAURA, No. 1804 College Ave.....New Phone 5867
WARNER, MRS. E. H., 2015 N Alabama St..... " " 6587
WHITENBERG, MISS LILLIAN, 1505 Woodlawn Ave.... " " 9880

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The Key

to the only sane medical treatment of all those forms of dyspepsia associated with a deficient gastric juice and an enfeebled gastro-intestinal musculature, is found in such remedies as tend, by their stimulative action on the digestive glands and muscles, to re-establish their normal physiological activity.

Colden's Liquid Beef Tonic exerts a specific action on the entire digestive tract. It restores the appetite, increases the quantity and quality of the gastric juice, and normalizes the motility of the gastro-intestinal muscles. Write for sample and literature. Sold by all druggists.

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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 323 N. Delaware St., Indianapolis, Ind.

CODEINE SAFETY AGAIN DEMONSTRATED.

Dr. E. L. McKee, of Cincinnati, Ohio, speaking of Codeine, in the Denver Medical Times, says: "This drug, according to Butler, is one-fourth as toxic and effective as morphine. It is less depressing and more stimulant, does not constipate, cause headache or nausea, and rarely leads to the formation of a habit. Codeine seems to exert a special, selective, sedative power over the pneumogastric nerve, hence its value in irritative laryngeal, pharyngeal and phthisical coughs with scanty secretion. Like morphine, it has proved of value in checking the progress of saccharine diabetes, and it has been used for long periods without the formation of the drug habit, inasmuch as when glycosuria was brought to a termination by dietary and other measures, the cessation of the use of codeine was not followed by any special distress. The effects of codeine on the alimentary canal are remarkable, in that it assuages pain as well or better than morphine, and nevertheless does not check the secretions or peristalsis notably, unless the latter is excessive, as in dysentery. The statement that codeine is simply a "little morphine," only differing from the latter in the size of the dose, is an erroneous view, as can be ascertained by any one who closely observes the action of the two drugs."

Codeine in connection with antikamnia has stood the test of exhaustive experimental work, both in the laboratory and in actual practice, and they are now accepted as the safest and surest of this class of remedies. Therefore, "antikamnia and codeine tablets" afford a very desirable mode of administering these two valuable drugs. The proportions, antikamnia 4 3-4 grs., codeine 1-4 gr., are those most frequently indicated in the various neuroses of the larynx, as well as the coughs incident to lung trouble, bronchial affections, grippal conditions and summer colds.

APPENDICITIS, HERNIA AND AMPUTATION.

Case 1. Strong, young man, appendicitis. Tried faithfully for two and a half hours to anesthetize him with chloroform and ether and failed. Two days later I gave him one H. M. C. tablet, hypodermically, one and one-half hours before operation, and one-half a tablet fifteen minutes before putting him on the table. Opened the peritoneum when the patient aroused and screamed. As soon as he quieted I had a few whiffs of chloroform given, which he took beautifully, requiring only thirty drops to complete a most successful operation.

Case 2. Woman, aged 50, very frail, femoral hernia strangulated five days. With one tablet, an hour previous to the operation, I was able to complete the radical operation, resecting six inches of gut. This patient took one-half dram of chloroform during the operation, was on the table one hour, and came off very much less shocked and in by far better condition than when she went on the table.

Case 3. Amputation of both feet of a boy, for frost bite. Used one tablet and a very small quantity of chloroform. I could mention several other cases, some in the obstetric line, which were equally satisfactory, but it is useless. I consider the compound the greatest help to the surgeon's work yet known. Tomorrow I am going to do a thigh amputation with it in a boy thirteen years old, for tubercular knee of months' standing. He is so weak and thin that he could not possibly stand chloroform or ether.

HUMPHREY SILVERTON BELT.
South Boston, Va.

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We show below the large property recently purchased by the H. K. Mulford Company at Eleventh and Catharine streets, Philadelphia, to be used in connection with their present extensive Thirteenth Street laboratories.

These additional buildings we understand will be used for the storage, grinding and milling of crude drugs, the manufacture of standardized fluid, solid, powdered extracts, tinctures and certain synthetic products to which this company is devoting considerable attention.

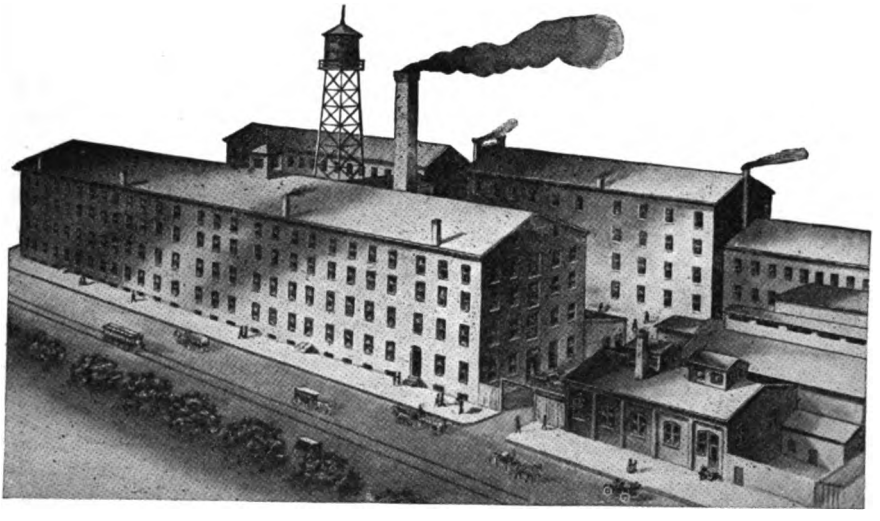
Their present laboratories on Thirteenth Street will be continued and the rearrangement of their business will give increased facilities for standardization and assay and increase the scope of their research laboratories.

The physiological testing of drugs is carried on at their biological laboratories at Glenolden, where antitoxins, curative sera and vaccines are largely produced.

While the house has for a number of years been known as a pioneer in the manufacture of biological products, particularly vaccine and antitoxin, they have made rapid strides in the manufacture of pharmaceutical products and are devoting particular attention to their standardized and physiologically tested preparations.

As the working of the National Food and Drugs Act becomes better recognized scientific products will be more and more appreciated, since this act requires not only that preparations conform to U. S. P. standards when used in interstate commerce, but it may be confidently expected that each State will enact legislation conforming to the National law, thus requiring the exclusive use of standardized drugs.

The growth and progress of the Mulford Company is exceedingly interesting and is an instance of business enterprise backed with a straightforward policy and up-to-date business methods. The preparations of this firm are in favor with the medical and pharmaceutical professions and are recognized as standard, their rapidly increased business being evidence thereof. This Company ranks as one of the largest and most successful houses engaged in the manufacture of pharmaceutical and biological products.



PHARMACEUTICAL LABORATORIES, No.2
CATHARINE AND ELEVENTH STREETS, PHILADELPHIA

A BLEND OF HARMONIZING DRUGS.

The above condition has been fulfilled in Sanmetto—its ingredients harmonize, forming a most perfect blend of the santal and saw palmetto with soothing demulcents and well chosen aromatics, resulting in a soothing, healing and restora-

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tive remedy for the diseased genito-urinary economy, at once efficient, and adapted alone or in combination with other drugs.

GASTRO-INTESTINAL AILMENTS OF YOUNG CHILDREN.

By H. B. Brown, M. D., Waukegan, Ill.

As the hot weather approaches the usual number of cases of gastro-intestinal ailments will confront us and if we be not alert the same mortality of old will occur among our little patients of one and two years. The keynote to success in the management of these cases is to see that correct feeding is enforced and to keep the alimentary canal as clean and nearly aseptic as is possible. If this be done much suffering can be obviated and many little lives saved.

Every medical man these days is capable of giving correct advice on infant feeding, the care of bottles, accessories, etc., if he will only take the time and trouble to make the mother understand how important it all is. The doctor's suggestions on this matter are too often regarded as simply platitudes and not thought of seriously until the child is in the throes of a severe illness. The following clinical reports are illustrations of my usual method of handling the more common but serious gastro-intestinal diseases we meet during the heated season:

Ethel G., aged ten months, suffering from cholera infantum; bottle fed. Was passing watery stools every few minutes. Temperature had been considerably elevated, but was now slightly abnormal. Mouth and tongue parched. Considerable emaciation and scaphoid abdomen. Circulation weak and respirations labored. In fact an extreme prostrate condition. Treatment: I put four ounces of Glyco-Thymoline with eight ounces of water and gave it as a high enema, causing it to be retained as long as possible. This was repeated every hour or so until the bowels were thoroughly cleansed and the stools diminishing in number. Gave one-tenth grain of calomel every two hours until the discharges showed the characteristic greenish color. Also gave the following:

R	Elixir lactopeptine	℥ ij
	Glyco-thymoline	℥ ij
	Oil peppermint	gtt. j

M. Sig.—20 drops every hour.

After eight hours the child was able to take nourishment and retain it. This consisted of cold pasteurized milk diluted with an equal portion of lime water. Child was given all the cold water and lemonade she wanted. She made a good recovery.

Jennie M., aged fourteen months, suffered from gastro-enteritis with much fermentation. Bowels swollen and tympanitic. Fever of a remittent type due to autotoxemia. Child delicate and poorly nourished; still nursing the mother's breast. Mother herself in poor health and in no condition to nourish her child. Treatment: Put the little one on cow's milk diluted with lime water. Three times a week I gave a light enema of a warm saline solution and Glyco-thymoline, equal parts. Also gave the above prescription, a teaspoonful every four hours. Child steadily improved under this treatment and in six weeks was in a good state of nutrition and health.

A point that I wish to emphasize in these notes is that Glyco-thymoline is a most excellent antacid and antiseptic and deserves special consideration in the stomach and bowel disorders of young children. It gives prompt and gratifying results.—Medical Summary, July, 1907.

Charles Gilbert Davis, M. D., Chicago, Professor of Surgery and Gynecology, Lakeside Post-graduate School; Attending Surgeon, Lakeside Hospital; Consulting Surgeon, City Emergency Hospital; former Attending Surgeon, Cooke County Hospital, reports on the treatment of catarrhal cholangitis and cholelithiasis with pills similar to Bauermeister's probilin, i. e., consisting of acid sodium oleate, salicylic acid, phenolpthalein and menthol.

The use of salicylic acid in pathologic conditions of the liver he began twenty-five years ago, and he found it particu-

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larly satisfactory in combination with the other drug, as a cholagogue and an antiseptic whose effect is prolonged throughout the alimentary tract. Many cases which are ordinarily considered amenable only to surgical interference can be satisfactorily treated with the pills, and he believes that under their use cholangitis, with and without stones, will ultimately cease to be a surgical condition.

He relates six typical cases in which he found the combination effective, not as a purgative pill, but more especially as a cholagogue, a concentration solvent and a biliary disinfectant. The menthol and the phenolphthalein produce and regulate intestinal activity, and the salicylic asid and the oleate have a decided antiseptic and powerful cholagogue action.

As to diet, he does not restrict the same too closely, but interdicts all foods known to be difficult of digestion, and all alcoholic beverages. The principal point to be observed is to insist that large draughts of hot water be taken with the pills, for the purpose of diluting the excretions and assisting in breaking up any concretions present.—Abstracted from The Therapeutic Gazette, July 15, 1907.

ANEMIA AND ITS RELATION TO CATARRHAL INFLAMMATION.

No disease is more common than chronic inflammation of the mucous membranes. Doubtless many causes contribute to the prevalence of this malady which spares neither the young nor the old, the rich nor the poor, the high nor the low. Prominent in its etiology, however, are sudden climatic changes, the breathing of bad or dust laden air, bad hygiene in personal habits, and bad sanitary surroundings. These factors all singly or collectively tend to lower the vitality of the whole human organism, and as a consequence the cells throughout the body perform their various functions imperfectly, or not at all. The quality of the blood becomes very much lowered, with the result that tissues that have important work to perform, do not receive sufficient nourishment and so falter from actual incapacity. The red blood cells are reduced in numbers and the hemoglobin is likewise diminished. Because of the blood poverty the digestive process is arrested, nutritive material is neither digested nor absorbed, and a general state of inanition ensues. It is not surprising under these circumstances, therefore, that chronic inflammation of the mucous membranes is produced. These highly organized structures with very important duties to perform naturally suffer from insufficient nutritional support, and the phenomena of catarrh follow as a logical result. Perversion and degeneration of the cells in turn takes place, and more or less permanent changes are produced in the identity and function of the tissues.

Appropriate treatment should consist primarily in correcting or eliminating all contributing factors of a bad hygienic or insanitary character. The individual should be placed under the most favorable conditions possible and every effort made to readjust the personal regime. Local conditions of the nose, throat, the vagina, or any other part, should be made as nearly normal as possible by suitable local applications or necessary operative procedures. Then attention should be directed immediately to improving the quality of the blood and thus increase the general vitality. For this purpose vigorous tonics and hematics are desirable and Pepto-Mangan (Gude) will be found especially useful. Through the agency of this eligible preparation, the blood is rapidly improved, the organs and tissues become properly nourished and accordingly resume their different functions. Digestion and assimilation are stimulated and restored to normal activity, and the various cells and organs start up just as would a factory after a period of idleness. In fact Pepto-Mangan (Gude) supplies the necessary elements that are needed to establish the harmonious working of the whole organism. When this result is achieved, the catarrhal condition is decreased to a minimum and distressing symptoms are banished, a consummation that is highly gratifying to every afflicted patient, and every earnest practitioner.

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THE TREATMENT OF INOPERABLE MALIGNANT TUMORS—CARCINOMA.

I have two reasons for presenting a discussion of the treatment of cancer at this time; First, the importance of the subject, and, second, the hope that I have discovered a method which may result in saving many lives. It has been affirmed by Wutzdorff that there has been an increase in the number of cases of cancer in the last few years, and some, With Sir W. M. Banks, believe the increase is due to excessive meat eating. At any rate, it has been shown that many cases occur in robust and well-fed individuals and especially in the comparatively young of both sexes. It often happens that the presence of such a growth is not suspected until it is too late for operative interference, because of the fact that the appearance of the patient does not indicate the progress of the disease (Nothnagel). Many cases also occur which can not be operated on because of the location, as when situated near vital organs or around important blood vessels. Then, again, there are patients who will not submit to an operation.

To the medical man has usually fallen the duty of caring for these classes of unfortunate cancer patients and from time immemorial the professional mind has been taxed to discover some means of relief, some agent or remedy which might destroy the abnormal growth.

Lauder Brunton was the first to investigate the chemical composition of cell-nuclei from which has been secured a compound called nuclein. This substance is an albuminoid and contains phosphorus. Nuclein is the most distinctive element of leucocytes, being the constituent by virtue of which the cell grows (E. R. Larned). Vaughn and McClintock have demonstrated that the nuclein is the germicidal agent in blood plasma and is furnished by the polynuclear leucocytes.

The bromide of gold and arsenic is another remedy which, in my hands, has seemed to prove useful in the treatment of inoperable carcinoma; but I have always used it in connection with other agents. I have had more confidence in the nuclein than in the bromide, chiefly, perhaps, because I have had two cures in which I did not use the bromide, while I have had none where nuclein was not used. I have come to consider the administration of nuclein and the bromide of gold and arsenic together as a most rational and valuable treatment in cases of inoperable carcinoma. It is the combination upon which I depend rather than on either agent singly.

I have used this method of treatment in many cases with apparent benefit, but I am able to report only five cases in which the treatment was carried out as prescribed from the time the patient came under my observation until the termination of the case. One of the cases died. The other four recovered.*

Case 1. Mrs. S., aged 50. She had suffered no serious illness prior to the beginning of her present ailment, about one year before my first visit. Her first symptoms were indigestion, flatulence, heartburn, eructation of gas and similar disturbances of the stomach. The symptoms had gradually grown worse until pain and vomiting had supervened some weeks before. She had lost flesh and grown weak. At the time of my first visit, the patient was lying on a couch, in pain, pale and cachectic. She had been vomiting and apparently had suffered much. The ejecta having been destroyed, no opportunity offered to analyze the vomited material at that time. The temperature was normal. Temporizing treatment was adopted and the patient was not seen again for a week. Then I was summoned hastily to see her and found her vomiting and in great pain. She had not been free from these symptoms since my former visit. This time, following my directions, the vomited material had been reserved for examination. The patient had not improved. The ejecta were typical and abundant and contained dark grumous material, mucus and remnants of food. The occurrences of vomiting were periodical. A distinct tumor could be outlined at or near the pylorus. The bowel evacuations also contained a dark mate-

*Only cases 1, 4 and 5 are cited here.

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rial. Chemical examination showed increase of lactic and absence of hydrochloric acid. The microscope showed cell-nests and bacteria. Diagnosis, carcinoma of the stomach.

Treatment: The local treatment consisted of the use, by mouth, of a 2 per cent solution of Hydrozone. The patient was told to drink half a pint of this solution half an hour before mealtime, lie on the back for five minutes, then turn on the right side and remain in that position for 25 minutes. This remedy was given for its antiseptic effect. The internal treatment was nuclein. The particular preparation was Reed and Carnrick's protonuclein. The dose was 24 grains a day. This time the patient was kept under observation for a month, until the symptoms were not quite so severe. The treatment was continued, however, and after several weeks I called to see the patient in another exacerbation of her symptoms; but this time they were not so severe. After a few days I dismissed her again, with advice to continue the nuclein, but to omit the Hydrozone. Some five months later I called to see the patient and found her at work about the house. The symptoms and tumor had disappeared and the cachetic look had given place to a more healthful appearance. I did not see her again, but three years later I was informed that she was well and had had no return of the old symptoms.

Case 4. Mrs. M. H., aged 38, mother of one child, six years old. She came to me in January, 1901. She was very nervous, somewhat cachetic, and suffered slight pain in the pelvis. She had slight, if any discharge, but was losing flesh. Digital examination revealed a hard enlargement on the anterior lip of the cervix. The growth presented considerable resistance to the finger, but the uterus was freely movable. The use of the speculum showed a small cauliflower area at the edge of the hardness and a slight discharge. The diagnosis made was probable carcinoma of the cervix. The patient put herself under my immediate care so that I could watch the case daily. The local treatment adopted was spraying the cervix with full-strength Hydrozone, and the daily use of astringent and sterile douches. Internally, nuclein was used in 24 grain doses daily. A nervine and nux vomica were added to control the patient's nervous or unstrung condition. After a month of this treatment, the symptoms did not seem to be so severe. From this time the patient began to improve. In three months from beginning the treatment the hardness of the tissues had disappeared, the cauliflower appearance was removed and the pain and other symptoms had entirely subsided.

Case 5. Mr. M. L. E., aged 55, a teamster. He had been strong and well and usually free from any ailment except a diarrhea until about a year before I saw him. The first intimation he had of serious trouble was in March, 1904. At that time he had pain and diarrhea. A physician was called and discovered a tumor in the region of the sigmoid flexure. After recovery from the temporary illness, he sought advice concerning the tumor; and, although he visited several surgeons of note, no one seemed willing to remove the growth, and their opinions gave him no hope of final recovery and little expectation of temporary relief. Most of them refused to operate, saying that the tumor was probably cancer and he would be better off without an operation.

He came to me in January, 1905, and I found the following conditions and symptoms: He was cachetic, was losing flesh and had a tumor in the region of the sigmoid about the size of a child's head, which was tender on pressure. He had sharp, cutting pains in the tumor, suffered from flatulence, and had a diarrhea with scybalous feces. He came to me because of my success with Case 2, of which he had heard. I advised an operation. He was willing to submit to one, but said that no one whom he had visited would agree to do it except Dr. J. B. Murphy, who was willing to operate upon request, but could not advise it with any hope of success. He returned to Dr. Murphy and was operated upon about January 2d at Mercy Hospital. Upon opening the abdomen a tumor four of five inches in diameter was found at

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the sigmoid flexure. The infiltration into the adjacent structures and the adhesions were so extensive that removal was out of the question. The diagnosis was carcinoma of the sigmoid. The wound was closed and the patient returned to bed. About the 20th of February he came to me again, and on February 22, 1905, I began medical treatment. I advised him to return to bed, which he did, and remained in bed for eight weeks after the treatment was commenced. The treatment was bromide of gold and arsenic, 45 drops, and nuclein, 36 grains, daily. By the first of May his pain had ceased, the tenderness had diminished and the tumor had ceased to grow. By the first of July it was plain that the tumor was slightly smaller. He was permitted to return home on September 1st. About the middle of October he came again to my office. The tumor had entirely disappeared and all symptoms had subsided, including the diarrhea. Dr. Murphy saw the patient soon after and confirmed my statement that the tumor had disappeared. A letter from the patient last month states that there has been no return of any of the symptoms—seven months after he was pronounced cured. He is in better health than for many years.

January, 1907, one and a half years after the cure was completed, he is in splendid health.

In presenting the foregoing cases, the author does not suggest that he has found an infallible cure for cancer, but rather that such results must convince us that cancer may be placed on the list of curable diseases. The treatment, to be successful, requires great care in carrying out the method. If the remedies are carelessly administered, satisfactory results can not be expected. In all serious cases and internal tumors, I advise remaining in bed for weeks, depending upon conditions in individual instances. The bromide (i. e., the arsenauro) must be gradually increased. Few patients will bear large doses from the beginning.—J. M. G. Carter, M. D., Sc. D., Ph. D., Waukegan, Emeritus Professor of Clinical Medicine, University of Illinois; Fellow of the American Academy of Medicine; ex-President of the Illinois State Medical Society, etc. (Abstract of paper read before the Section of Medicine of the Illinois State Medical Society, at Springfield, May 15-17, 1906. Ill. Med. Jour., January, 1907. The bibliography is omitted.) Published in The Illinois Medical Journal, also in The Therapeutic Medicine for April, 1907.

A PALATABLE COD-LIVER OIL PREPARATION.

The day for nauseating combinations of drugs has passed, this state being brought about by the ability of chemists to present an efficient yet palatable product. All things being equal, that combination which is pleasing to the taste will meet with much more favor at the hands of physicians than another of equal potency but less palatable.

This rule is especially applicable in the case of preparations containing cod-liver oil, a remedial agent that will long continue to be a favorite with physicians. The many pathologic conditions that will respond only to cod liver oil, showing its great worth, have put chemists on their mettle to prepare combinations in which are incorporated all of the virtues of the oil with the disagreeable features eliminated.

Hagee's cordial of the extract of cod liver oil compound long ago won the favor of the medical profession and deservedly so, too. This cordial possesses marked advantages as a cod liver oil product and its superiority over ordinary cod liver oil is due to its palatability. Its administration may be continued over indefinite periods of time. A stomach that would quickly revolt against the pure oil or imperfectly prepared combinations containing it will accept Hagee's cordial without any evidence of distress.—The Medical Era.

AMPLE APOLOGY.

A small boy was overheard calling his grandfather an old fool. His mother, after punishing him, sent him in to beg his grandfather's pardon, and heard him say between sobs, "Grandfather, I'm sorry you're such an old fool."

—The Circle.

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The late Chancellor Runyon, of New Jersey, one of the hardest worked men that ever sat on the bench of that state, was noted for the number of important cases he tried and the strong and permanent character of the decisions he rendered. Late every afternoon he went home and at once exchanged his shoes for a pair of comfortable old slippers. In referring to his habits, the Chancellor was accustomed to remark:

"When I come home and take off my shoes, I at the same time take off all my cares and worries. When I put on my slippers, I slip on also a feeling of ease and comfort. I banish from my mind the cases that absorb me all day at the office or in the court-room. I am ready to enjoy my library, to play a game of whist, or to entertain company, as the case may be."

That is where all the work-burdened men would like to get. It is purely a personal matter. The will must come in to assist the brain. Unless a man has abused his digestive functions and upset his nervous system, he can, in most instances, acquire what has been called the will habit. When he has learned to go to sleep and wants to go to sleep, to get the rest a sound sleep affords, he has won half the battle. With a reasonable amount of exercise to add to the sleep, the problem of working the brain and banishing the worry has been very largely solved. Not many visits from physicians, nor much medicine, will be required. The man will have become his own specialist.—Lawrence S. Mott, in July Lippincott's.

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His Mother—Did anything come out?

Wilfred—Yep; Farmer Crosby—and he chased us.—The Circle.

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(*Inflammation's Antidote*)

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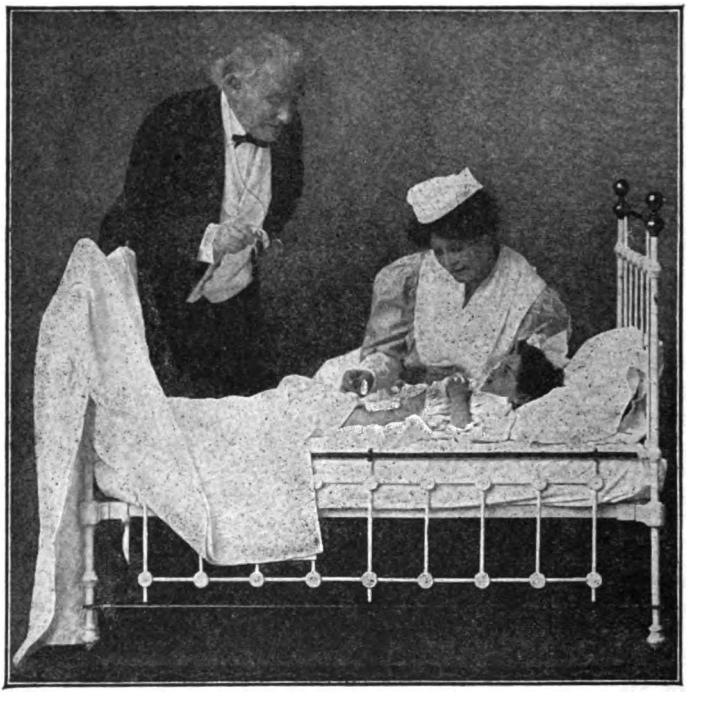

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ORIGINAL COMMUNICATIONS.

FUSED (HORSE-SHOE) KIDNEY.

By Byron Robinson, Chicago.

In this short article I present the legends and illustrations of two fused (horse-shoe) kidneys. The importance of any surgical procedures on such anomalous organs is amply evident. The picture with the legends tell the story. I present the dorsal and ventral aspect of one kidney and the other presents bilateral ureteral calculus.

Fig. 1. Fused (horse-shoe) kidney. Renes arcuati distal. The distal renal poles fused. **Explanation of illustration signs.** Z right and Y left renal mass. 1, calyces. 2, pelvis. 3, proximal ureteral isthmus. 4, lumbar spindle. 5, middle ureteral isthmus. 6, pelvic spindle. 7, distal ureteral isthmus. V. C., vena cava. A, aorta. **Presentation.** Left illustration, dorsal, right, ventral. **Isthmus renalis.** X, parenchymatous. Dimension, Fusion, maximum. Location, at distal renal pole also dorsal to vena cava aorta and ureters, but ventral to vertebral column. The isthmus renalis lies immediately between the ureters, aorta and vena cava (ventrally) and vertebral column (dorsally). Both ureters and vasa abdominalia magna lie of some surface (ventral) of the isthmus renalis. **Hilus renalis.** Bilateral hilus unicity and symmetry (as to position), nonsymmetry as to (form, dimension). Location, on ventral surface of bilateral renal mass. Form, distinct, with marked margin. Dimension, diameters—major and minor—limited. Receives all vasa renalia. **Sinus renalis.** Distinct ventral renal excavation with marked diameters. **Ureter proprius.** Bilateral ureteral unicity and symmetry (as to form, dimension, position). Location, of the ventral renal surface. Form, (1. e., isthmuses (3, 5, 7) and dilations (1, 2, 4, 6) is distinct, marked). Dimension, practically those of the normal. **Pelvis ureteris.** Bilateral ureteral unicity and symmetry (as to position), nonsymmetry (as to form, dimension). Location, on ventral surface of bilateral renal mass. Form, irregular. Dimension, medium.

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Calyces ureteris. Bilateral calicular unicity and symmetry (as to position, number), nonsymmetry (as to form dimension, vascular relation). 5 on the right and 5 on the left. Location, on ventral renal surface. The form is distorted, distribution is irregular and dimensions are excessive. **Vasa renalia.** Equivalent to dimension of lateral renal mass (liberal). Location, at distal renal poles also ventral to aorta and vena cava, but dorsal to ureters, i. e., the great abdominal vessels and ureters are located directly on opposite sides of the isthmus renalis. Both isthmus renalis and ureters lie ventral to vasa abdominalia magna. **Hilus renalis.** Bilateral hilus unicity and nonsymmetry as to position, form, dimension). Location, on ventral real surface. Form, definitive renal margin. Dimension, minimum. **Sinus renalis.** Renal excavations distinct, with marked diameters. Entrance,

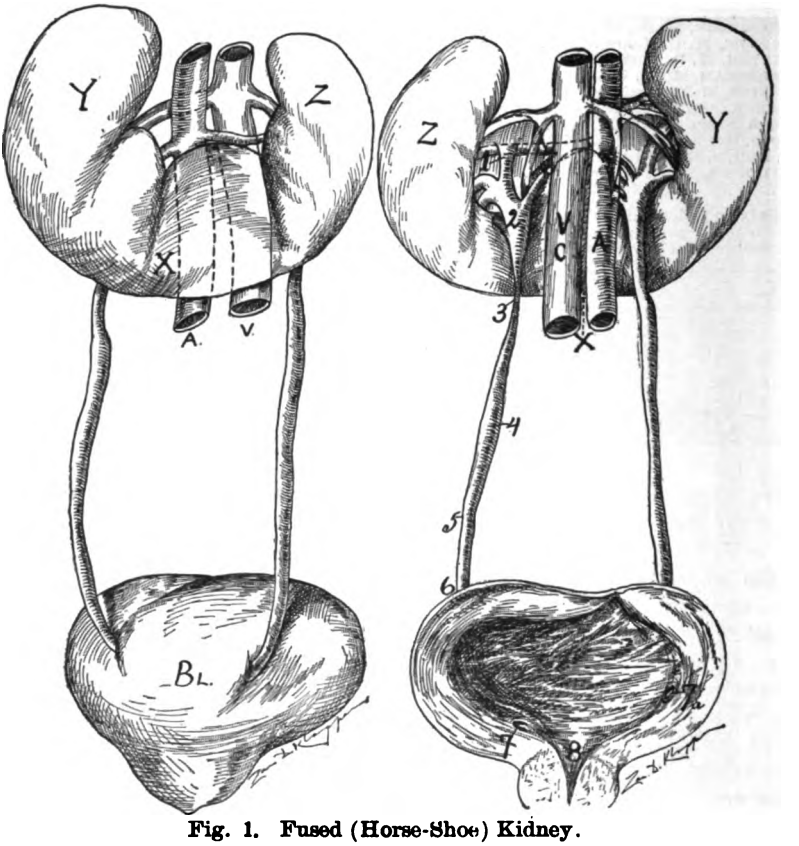

Fig. 1. Fused (Horse-Shoe) Kidney.

Bilateral vascular unicity, and symmetry (as to number, position), paired. Vasa renalia, enter hila, bifurcate abnormally adjacent to origin. Renal veins ventral to renal arteries. **Topography.** Holotopia, excessively medianward. Skeletopia, abnormally intimate with the vertebral column. Syntopia, excessively intimate with the aorta and vena cava. Idiotopia, the distal renal pole is abnormally medially rotated. **Surface.** Lobulated, fissured. **Form.** Crescentine with the chief mass leftward and proximalward. **Dimension.** Equivalent to two normal kidneys. **Position.** Distalward dystopia. (From the pathologic museum of Rush Medical College through the courtesy of Prof. E. R. Le Count).

Fig. 2. Fused (horse-shoe) kidney. Renes arcuati distal (distal renal poles fused. **Presentation.** Ventral view. **Isthmus renalis.** Dimension, maximum.

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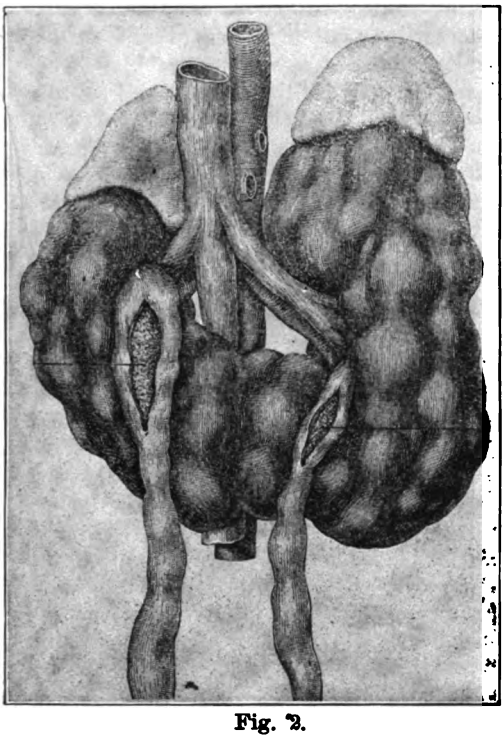

Fig. 2.

minimum diameters. **Ureter proprius.** Bilateral ureteral unicity and symmetry (as to position, form, dimension). Location, on ventral renal surface. Form (isthmuses and dilatations) marked. The dimensions, dilated (pathologically). Course, normal. **Pelvis ureteris.** Bilateral pelvic unicity and nonsymmetry (as to form, position, dimension). Location on ventral renal surface. Form, irregular limited. Dimension, limited, pathologic—calculi present in each ureteral pelvis as demonstrated by a longitudinal pelvic incision. **Calyces ureteris.** Not exposed. **Vasa renalia.** Bilateral vascular unicity and symmetry. Paired. Renal vein located ventral to renal artery. All vasa renalia enter hila. **Topography.** Holotopia, located excessively medianward. Skeletopia, abnormally intimate with ventral column. Syntopia excessively intimate with aorta and vena cava. Idiotopio distal pole, left kidney abnormally rotated medically. Distal pole of right kidney rotated excessively medianward. **Form.** Irregular crescent. **Symmetry.** Bilateral nonsymmetry. The chief mass is leftward and proximalward. **Surface.** Lobulated, fissured. **Dimension.** Equivalent to two kidneys. **Position.** Distalward congential dystopia. (After Henry Morris).

THE MEDICAL SCHOOL OF OLD LAVAL.

By Geo. Thos. Palmer, M. D.
Editor of the Chicago Clinic and Pure Water Journal, Springfield, Illinois.

Whatever the charms of a city or country, whatever the scenic beauty, whatever the historic associations, he who is saturated with the spirit of medicine will sooner or later weary of these things and will be filled with curiosity as to the ways of the physicians of the locality, their lives, the character of their work and their standards of education and attainment. Reaching, in the course of a summer journey, the quaint old city of Quebec, one feels at first the fascination for those spots so closely identified with the history of the development of the continent, the scenes of heroic military accomplishment, the monuments, the trees and the buildings which mark events with which we have been familiar since childhood. The grim fortification, now practically dismantled, but capable of rehabilitation to the strength of Gibraltar in time of need; the Plains of Abraham, the Martello towers, the walls built by the first French adventurers—all stamped with the names of Champlain, Wolfe, Montcalm, Montgomery, Arnold and others of those who have made history—these things attract us first. Then we are drawn by the picturesqueness of it all and we walk for hours looking across the green waters of the St. Lawrence, over at the fortifications of Levis, down to the sunny Isle of Orleans, there at

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the blue Laurentian Mountains and far away on the horizon, at the hazy summits of the mountains of Maine—or, perhaps, across the St. Charles, into the village of Beauport and on through the land of the habitants toward the falls of Montmorency and the village and shrine of Saint Anne de Beaupre.

But at last the medic wearies of these things. He has passed, as he tramped the ancient city wall, the gray stone buildings of the Hotel Dieu and the vine covered walls of Laval University, and toward these places, offering new and peculiar interest to him, he wanders alone on a bright clear summer morning.

Down the hill from the Chateau Frontenac—where he has found a temporary home with every comfort—he passes the post-office where over the door he sees the Golden Dog and its golden bone, which tell of the rule of Quebec under Bigot—across a park—beyond the stately mansion of His Grace the Catholic Bishop of Quebec, and then to the ancient wall built by the earliest French settlers. A gap in this wall is guarded by a great oaken gate, reinforced with iron bars and heavily studded, but this gate stands invitingly ajar, and passing it, the medic stands in the court or on the campus of Laval. Used, as we are, to the plain, forbidding courts which surround our American professional schools, or to the shaded parks in which our undergraduate colleges are usually found, we feel, as we enter this peculiar enclosure, that we are indeed in a foreign land. One could hardly call it a campus without feeling that he is guilty of sacrilege. It is a garden in which one expects to see the brown robed, bare-foot friars walk in deepest meditations. The beds are filled with blooming flowers—asters in greatest variety, hedges thick set with the blossoms of sweet peas, stately tiger lilies—and here and there, in the midst of these flower beds or on the little spots of greenest lawn, ornate statues of the saints and holy men dear to the heart of the ardent catholic.

A stooped and shriveled gardener pauses in his work to direct you to the office of the porter—for knowing not a word of English he points toward that center of authority regardless of the question you may have asked him. The way leads under the basement of a wing of the old buildings and we emerge in a narrow court where some twenty French Canadians are chopping wood for the winter's fires. One of these glories in a knowledge of English and directs us to the dapper, little porter, whose office seems to be a most exalted one. Courtesy and cordiality are met on every hand and none the less that the medic has come to see the school of medicine and not to gaze upon the leaden coffin of Francois de Laval or Vouet's painting of St. Michael vanquishing the devil—for which mild dissipations, the tourist pays a fee to the over-polite attendants.

In company with the porter of the medical school and the English speaking wood-chopper, the medic is admitted beyond the doors of the school of medicine, which are ever closed to the tourist throng. The halls are long and rough but very clean, the floors scrubbed almost to the whiteness of snow. On the right, through heavy, studded doors, we are brought into the lecture room. It is a queer little place. Over each door there is a crude, black crucifix—over the horse-hair covered throne of the professor—the titulor professor, if you please—is a larger image of the Christ crucified and beside it, the serpent and the rod of medicine. On the slightly elevated floor are seats and desks—little, narrow things with long spindle legs—but clean, immaculately clean, with a cleanliness which puts the American medic to shame as he thought of the lecture rooms of his own alma mater and of other schools in the States.

The medical museum is made up of many excellent specimens, especially in the osseous deformities which seem to abound in this locality, while some specimens of dissection are marvels of skill and patience. One specimen particularly interested us—apparently a neoplasm—but very old and giving little indication of its true nature. "What is that?" we ask our English-speaking woodsman. There is a high pitched conversation between the wood-chopper and the porter;

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a perfect maze of unnecessary gestures, and then, with a smile of triumph on his tanned and wrinkled face, the woodsman replies, "He say it ees a disease"! We are satisfied.

As we enter a large stone-walled room, with sky-light of new ground glass, the porter decides that he will talk for himself that we may understand aright. "Ze anatomie externe," he tells us, sweeping his hands over his rotund body. "Ze anatomie externe" is a remarkable place. The dissecting tables are covered with plate glass and are far better than those in most of our own colleges; the lighting is perfect; the old board floors have given way to smooth concrete and, there against the stone walls which have stood for ages, we see the most modern of sanitary plumbing—sinks and drains in spotless white enamel—the whole place clean, perfectly clean—cleaner than ever dissecting room was before. Over the door of this, as in all the other rooms—the ever-present crucifix.

This is a little school. A class of but fourteen was graduated for 1907. Not a word of English is used in the courses of teaching. French is the language spoken except when some special dignitary occupies the little horse-hair throne, and then Latin is the language of the hour. To enter the Laval School of Medicine one must come with credentials from the College of Physicians and Surgeons of the Province of Quebec—a board which determines the educational attainments of those who would learn the art of physick. Those who hold bachelors degrees in arts and sciences may be admitted, at the discretion of the Board, without examination, but others must be examined, and, we are told, they are examined rigidly. Even after passing the entrance examinations, he who is not a graduate in arts or sciences must ever remain without the portals of the exalted group of the so-called "inscribed students"—and inscription is a grave and serious thing at Laval. Our wood-chopping companion speaks of him who is inscribed as of one who is sanctified.

At the end of the term, the student is ushered into the presence of three titulor professors and there, in stammering French, is compelled to tell what he has learned, in oral examination.

With these bits of information gleaned through a laborious series of interrogatories, we are taken to the main building of the University where we are shown the laboratories—veritable gems in scientific equipment, housed in these ancient and historic halls. These—the Lavoisier, the Sterry Hunt and the Moissan Laboratories—contain the most modern of appliances for scientific work and have the appearance of being regularly used, and here again we see that cleanliness so deplorably absent in the best schools of the States. Do we mean to say that the American laboratories are unclean? No, Laval cleanliness is not merely the absence of dirt—it is a positive quality—as positive and distinct as a color—as different from American cleanliness as asepsis is different from ordinary household tidiness.

We retrace our steps across the flowering garden. A tutor sits beneath a tree and speaks to us pleasantly. He tells us of the history and the glories of old Laval. His English is pure, but here and there the French accent is apparent. He tells us of the Bull of 1876, given by the Sovereign Pontiff Pius IX, of glorious and pious memory, whereby the power and privileges of Laval were greatly extended and whereby the University gained as its protector, His Eminence the Cardinal Prefect of the Propaganda. This to him seemed all important. He smiled and seemed pleased by our words of approval of the institution, but it was apparent that, to him, the spiritual and religious greatness of Laval, given it by the Pope and typified in the priceless relics of saints and bishops, stood head and shoulders above all it could attain in science, arts or letters. Nor was it surprising to me to learn, inexplicable as this deeply religious view of things had been, that the moral spirit among the medical students of that quaint French school is far higher than among the average schools of our own States. Of Laval two impressions must always remain—its cleanliness and its Godliness—and these we are told, are close akin.

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POISONING FROM SUPRARENAL PRINCIPLE.

By Goethe Link, M. D., Indianapolis, Ind.
Associate Professor of Genitourinary Surgery in the Indiana University College of Medicine.

Owing to the many therapeutic wants filled by the extract of the suprarenal gland its use has become very general. The writer has employed this substance some five hundred times, usually in combination with cocaine or eucaine. The amount used in each instance has varied from one minim to ten and twenty minims.

As a rule it has produced very little general physiologic action, due no doubt to the fact that it was injected in a way to get the maximum local effect and was taken into the circulation slowly. It is not an uncommon occurrence for a patient just after undergoing a circumcision with eucaine suprarenal local anesthesia, to pass twenty ounces of urine from a bladder which was empty when the operation was begun. While I have always suspected the suprarenal principle to be the cause it might have been psychic or due to the eucaine.

The physiologic effect of the suprarenal principle when injected into the veins or so as to be readily absorbed is that of a heart stimulant and vasoconstrictor, and it is declared by eminent authorities to more clearly meet the indications of shock than any other drug, not excepting strychnia.

It was with much interest as well as consternation that I observed the following case: Patient, male, age 26, weight, 190 pounds, heart and lungs normal, phlegmatic disposition, consulted me for stricture of the urethra. Urethritis six years before. Four years ago had an internal urethrotomy. Several physicians had since tried to enter the bladder but had failed. By severe straining urine could be passed slowly. Examination of the urine showed cystitis but no renal involvement.

All attempts to reach the bladder were futile on account of a small stricture in the region of the bulb. Gentle manipulation caused the urethra to bleed freely. In order to arrest bleeding and to make the stricture passable by reducing congestion, ten minims of a 1-1000 solution of suprarenal principle was injected through an Ultzman instillator passed to the obstruction. Sufficient force was used to throw the solution into the stricture and a few drops may have reached the bladder.

Almost immediately the patient complained of pain in the stomach, indicating its location with his hand. A condition of profound shock quickly supervened. The patient complained of air hunger, then vomited and finally lapsed into syncope. The pulse at the wrist became softer and slower, and finally could not be felt. Death seemed imminent. All bleeding from the urethra had ceased.

Strychnia 1-30 gr. and nitroglycerine 1-100 gr, were given hypodermatically. In ten minutes the radial pulse returned, very soft and weak. The first count possible at the wrist showed a rate of 40. There was a gradual improvement so that within an hour the patient left the office unassisted.

Subsequent treatment the next day was well born. At that time immediate progressive dilatation of the stricture was done without the aid of the suprarenal.

That the accident could not be attributed merely to urethral instrumentation or to psychic effect was shown by the free use of instruments, both before and after. The solution used was pure, having been opened only a short time and was neither changed in color nor contaminated with fungus.

The local effect, hemostasis was that of vaso-constriction, the general effect was one of vaso-dilatation.

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THE INFECTIOUS GRANULOMATA SURGICALLY CONSIDERED. TUBERCULOSIS—SYPHILIS—LEPROSY.

A Digest by Dr. Maynard A. Austin, Anderson, Ind., Professor of the Principles of Surgery, Indiana University College of Medicine, Indianapolis, Ind.

1. TUBERCULOSIS.

Infectious, Contagious; Subacute or Chronic.

Produces a low grade of granulation tissue.

Extends peripherally followed by vascular degeneration and anemic necrosis.

Exciting Cause—Bacillus Tuberculosis (Koch).

Predisposing Cause—Heredity, Association, Wounds, Inoculation.

Histology—Primary nodule microscopic; Miliary, confluent, granular, encysted. Consists of (1) Leucocytes, (2) Giant cells, (3) Epithelioid cells, (4) Reticulum, (5) Bacilli.

Pathology — Characteristic tubercle formation, microscopic masses of leucocytes, giant cells, epithelial cells, and Bacilli, which form large masses by aggregation of other miliary nodules.

Leucocytes come from migration through vessel walls; Biotic action of bacilli alters cement substance of capillary endothelium.

Giant Cells—Granular—Polyneuclear—Macrocytes—also found normally in Bone Marrow—Myeloplaques or Osteoclasts. Hyperplastic epithelioid cells and derived from them.

Epithelioid Cells—Platycytes (Klebs) are the embryonal cells, the products of the proliferation of the fixed tissue cells in a tubercular inflammation, and they remain as such until destroyed by degenerative changes, from the continued action of the Tubercle Bacilli or its Ptomaines, or until some of them become by hypernutrition, giant cells. On cessation of tubercle influence some are transformed into fixed connective tissue.

Reticulum—Pre-existing connective tissue separated by new cells.

Giant Cells—are an accidental product due to hypernutrition and mark the location of the starting point of the tubercular infection.

Blood Supply—Blood vessels at point of tubercle becomes thrombosed and obliterated.

Bacilli in Tubercle—Are within or between epithelioid cells and not found beyond inflammatory zone.

Degeneration of Cells—Followed by disappearance of Bacilli, but products still infective from the presence of spores.

Connective Tissue Cells—Show special predilection for tubercular infection.

Tubercle—Avascular cellular nodule.

1. Proliferation of fixed tissue cells.
2. Absorption or pushing aside of connective tissue stroma.
3. Epithelioid cells—Mona and polyneuclear. (Polyneuclear cells—giant cells).
4. No new vessels form.
5. Inflammatory changes in old vessels.
6. Leucocytic emigration.
7. Retrograde metamorphosis.

RETROGRADE METAMORPHOSIS.

1. Fatty degeneration.
2. Cheesy degeneration.
3. Coagulation necrosis.
4. Calcification.

CASEATION—Cheesy degeneration.

1. Anemic necrosis, (2) Toxic or Biotic action of germs. Commences at center of tubercle. Disintegration, fragmentation, and granulation of cells. Fibrinogen (fermentative) action produce homogenous mass. Softening and liquefaction by imbibition of fluids.

Tubercular Abscess—Not pyogenic. No fever. Cold. White. Waxy. Superficial veins distended. Not painful or tender. Fluctuation. Gravitation.

Abscess Wall—Tubercular membrane—yellowish gray—fragile—loosely attached—nodular. Source of further tubercular infection.

BACTERIAL PRODUCTS.

1. Tox-Albumen fixed to germ. Death of Bacilli leaves poison.

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2. Tox-mucin, effective after long time, productive of marasmus.

3. Antiopsonins, producing anemia by erythrocytic destruction by phagocytes.

Tuberculin—Derived from Glycerine, peptone meat infusion after six weeks growth.

Evaporation to 1-10 volume, porcelain filtration.

Above process gives crude tuberculin.

Precipitation with alcohol gives active principle. Klebs Tuberculocidin.

EXPERIMENTS.

1. Dead bacilli produce death if injected in quantity in veins of different animals.

2. Repeated injections of small amounts produce diminished susceptibility and ultimate immunity in certain animals.

3. Injection of Tuberculin in nontubercular animals produce no effect.

4. Injection of Tuberculin in tubercular animals produces definite reaction, chill, fever, active irritation of affected part.

5. Opsonin Explanation. Injection of certain bacterial vaccines cause the production of a substance in the blood serum which renders the bacteria themselves susceptible to phagocytic action.

Predisposition and Infection.

Hereditary and family susceptibility.

Scrofulous Disturbances.

Unhygienic surroundings.

Dust containing bacilli from sputum.

Bacilli carried by flies.

External wound inoculations. Physicians, nurses, dead house attendants.

Symptoms—Vary as to origin or tissue invaded—Generally an incubation period of lassitude, with indications of conservative protection of part affected —pain and tenderness never marked and not common unless late in the disease —pyrexia probable after degenerative changes occur and accompanied by accelerated hearts action. Fever hectic in character. Morning remissions and evening exacerbations.

Surgical Tuberculosis.

OCCURRENCE.

1. Skin and subcutaneous tissue.
   a. Lupus.
   b. Verruca Necrogenica.
   c. Subcutaneous nodes—multiple.
   d. Cold abscesses from deeper infection.
2. Bones.
   a. Commonly follows an injury.
   b. Symptoms may not develop for several months.
   c. Medullary invasion produces few or no symptoms until periosteum is involved.
   d. Periostitis produces pain, tenderness, swelling, impaired function.
   e. Bone substance destroyed and bone abscesses form; may last for years.
   f. Epiphyses of long bones most often attacked—Vertebra (Potts Disease) skull—carpal and tarsal bones next in frequency.
3. Joints.—(White Swelling).
   a. Commonly secondary to infection of epiphyses of long bones.
   b. Three varieties—Miliary, Fungous and Fibrous.
   c. Runs very chronic course, may last for years—children more often affected.
   d. Knee—hips—astragulo tibial—and tarsal joints.
   e. Joints swollen—skin white, waxy veins distended joints kept flexed—contractures develop.
4. Lymphatics. (Scrofula).

Successive development and enlargement of glands in continuity; either rapidly undergoing necrosis with the formation of a **Cold Abscess,** or remaining indefinitely as enlarged lymph glands.

5. Visceral Tuberculosis.
   1. Intestine.
   2. Peritoneum.
6. Genito Urinary Tuberculosis.
   1. Kidney.
   2. Bladder.
   3. Testicle.
   4. Female organs of generation.

TREATMENT.

Treatment is conservative and symptomatic—Tuberculosis is a disease having an inherent tendency to limit its own activity and cure itself, provided the part is placed at rest and the vitality of contiguous tissues raised to the

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maximum. This is secured by immobilization, proper hygienic surroundings, ample nutritious food and the elimination of nervous irritation, worry, homesickness, etc.

2. SYPHILIS.

Chronic, infectious—commonly venereal.

Exciting cause. 1. Lustagartens bacilli?

2. Spirochete pallida?

Predisposing Cause—Hereditary or acquired by contamination. 90 per cent. genital infections—10 per cent. innocent extra genital inoculations; lips, anus, finger, tongue, breast, abdomen, leg or palate. Dirty surgical, dental or tonsorial apparatus. Inoculation not possible without an abrasion of the skin or mucous membrane.

Development—Three stages characterized by special pathognomonic symptoms.

Primary Lesions—(Hard chancre)—second to fourth week—a hard indurated, painless nodule, increasing in circumference and changing into an ulcer—may be extremely small and overlooked.

Secondary symptoms—6th to 8th week — systemic infection — Lymphatics enlarged, especially those contiguous to primary lesion—Cutaneous eruption, usually macular in type and copper red in color, generally disseminated—very pronounced on abdomen and limbs—no pain, itching or subjective symptoms—indolent in character and prone to change in type, macular, papular, vesicular and pustular. Hair falls out in patches—mucous lesions in mouth, etc.

Tertiary Lesions—Surgically considered more often than any other type—usually considered in exclusive diagnosis—not a condition subject to surgical intervention.

Surgical Syphilitic Lesions.

Occurrence and Differentiation.

Skin Lesions.

1. Macular.
2. Papular.
3. Vesicular— condyloma— mucous patches, etc.
4. Pustular.
5. Tubercular.
6. Gummatous.

Must be differentiated from all the varied idiopathic, and acquired skin diseases, including tuberculosis (Lupus), carcinoma, sarcoma, eruptive exanthemata, chronic dermal inflammations, and rarely from the benign skin tumors, Initial Sclerosis sometimes confounded with "Soft chancre," pus infection and herpes progenitalis.

Mouth and Tongue Lesions.

1. Mucous patches.
2. Leucoplasia.
3. Gummata.

Carcinoma of the tongue is so commonly associated with syphilitic degeneration that it is rare to find a cancer of the mouth or tongue save in syphilitic patients.

Nose and Larynx.

1. Chronic inflammations.
2. Gummatous infiltration.

Producing a destruction of the septum and bridge of nose, resulting in a characteristic (parrots beak) deformity. Laryngeal involvement to be differentiated from tuberculosis and carcinoma.

Bony Lesions.

Gummata of periosteum and of bone—circumscribed—commonly multiple—size of bean to large egg.—Painful, especially at night—tender on pressure or injury—pain nocturnal, and described as boring, hammering, splitting or crushing in character—more often involved in inherited than in acquired disease. Skull—face—palate—tibia—sternum—clavicle—ribs and scapula involved in frequency in order named.

Joint Lesions.

1. Synovitis.
2. Anthritis.
3. Trophic dystrophy (Charcot's joints).

May be acute in character, generally chronic, and progressively destructive. Simulate Tubercular lesions, save in activity; joint in acute cases may be enlarged, oedematous, tender, red, hot to touch, and painful on motion.

Charcot's Joints—Peculiar trophic disturbance in which there is a complete destruction of all joint structures—an acute inflammatory lesion gradually subsiding and leaving the joint freely mov-

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able in all directions but useless. May require several years for process to reach stage of complete quiescence.

Vascular Lesions.

1. Endarteritis.
2. Arterio Sclerosis.

Gastro-Intestinal Lesions.

Rare save in liver—producing diffuse hepatitis, with nodular degeneration. Ano-rectal lesions may be primary or Tertiary simulating carcinoma or tuberculosis.

Genito-Urinary Lesions.

Orchitis, most important, simulating tuberculosis or malignant tumor.

Nervous Lesions.

1. Brain and meninges.
2. Cord and meninges.
3. Peripheral neuritis.

Simulating various tumors and chronic inflammatory conditions.

Hereditary Syphilis.

Usually develops before third month; Symptoms frequently show at birth—child under weight—skin puckered and yellowish in tint — noso-pharyngeal irritation causing "snuffles"—blisters on fingers or toes—Bony lesions prominent and more frequent than in acquired disease—Tibia, ulna and radius most often attacked—caries, necrosis, and ulceration may occur, producing great destruction of parts.—Hyperostosis with bending of long bones produce characteristic deformity (Sabre mlade). Teeth altered in size, shape, color and situation—notched, pitted and yellow.

Treatment.—Local and constitutional, specific and symptomatic.

3. LEPROSY.

Chronic—Infectious.

Exciting Cause.—Bacillus Leprae (Hanson and Neisser).

Predisposing Cause.—Association and contact with affected persons—Inheritance not probable, save by immediate post natal contact and contagion—nurses and attendants rarely attacked—family predisposition probable.

Occurrence.—Rarely found in North in Scandanavia and Northern Europe, also along the coast of the Mediterranean and Black Seas—widely distributed in Asia and scattered colonies through America save by importation—frequent Central America, Cape Colony, South Australia and the Pacific Islands.

Pathology.—More or less circumscribed inflammatory growths particularly involving the skin and nerves, producing tuberous swellings with areas of ulceration and scar formation.

Incubation Period.—Commonly from 3 to 5 years

MANIFEST FORMS.

1. Tubercular Form.—Preceded by cutaneous erythema accompanied by hyperaesthesia. This is followed by a melanosis or leucoderma terminating in complete local anesthesia. The nodules gradually increase in size, reaching a stationary period or break down and ulcerate. Coalescence of the nodes may produce large masses, particularly on face (eyebrows, nose, lips and chin) producing characteristic deformity (Leontiasis).

2. Anesthetic Form. — Commonly starts with pain and hyperaesthsia or numbness, and rapidly followed by trophic changes in skin, bone and muscle. Nerves become nodular and palpable under skin; an ascending neuritis produces complete loss of sensation particularly of fingers and toes. Slight injury results in necrosis and ulceration and mutilating deformities. Course of anesthetic form is usually very chronic, 10-20-30 years or more.

Treatment.—As no specific remedy has been discovered for this disease, no hope can be given to patients other than symptomatic relief. Isolation demanded in infected communities, but contagiousness and infectiousness has been greatly exaggerated. Proper hygienic surroundings has reduced the number of serious cases and made the general prognosis little more unfavorable than tertiary syphilis.

UTILITY.

There was a man in Atchison
Whose trousers had rough patchison.
He found them great,
He'd often state,
To scratch his parlor matchison.

—September Lippincott's.

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UNTIRING KILOWATT OF ELECTRICITY.

When you buy electricity from a power company for the purpose of lighting your house or cooking your food, you buy it by the kilowatt-hour. A kilowatt is a thousand watts, and a watt is a certain unit of power.

A kilowatt-hour will carry you three miles in an electric brougham; keep your coffee pot warm every day for a week; run a sewing machine for twenty-one hours; cook fifteen chops in fifteen minutes; boil nine kettles each holding a quart of water; warm all the beds in the house by means of an electric warming pan for two weeks; run an electric piano so relentlessly that your neighbors will suffer agonies for ten hours; clean 5,000 knives; clean seventy-five pairs of boots; clip five horses; warm your shaving water every morning for a month; run an electric clock for ten years; light 3,000 cigars with an electric cigar lighter; supply all the air required by an ordinary church organ for one service; and carry you thirty times from the bottom of the house to the top, eighty feet each journey. —Waldemar Kaempffert, in the September Circle.

MARY JANE'S REASON.

One Monday morning some time ago two colored women happened to be sitting next each other in a U street car, when one of them turned in surprise and, looking her companion up and down, said:

"Law! Ma'y Jane, is dat you? What in de name er gracious is you all dressed up so fine fur dis soon in de mornin'–"

"I'z gwine ter co't," she proudly replied.

"Gwine ter co't? Is you been en got inter a fight?"

"No, indeed. I don' nebber git in no 'sputes en quar'ls."

"Den is you been cotch' takin' anything?"

"Me cotch' takin' anythin'! No, indeed. I don' nebber lay my han's on nuthin' don' b'long ter me."

"Den what you gwine ter co't fer?"

"I's gwine ter git a divo'ce fum Jim."

"Git a divo'ce fum Jim! Why, what is Jim done? Is he beat you?"

"Jim beat me! No, indeed! Dat he ain't. Jim ain't neber spuck a cross word ter me in his whole life."

"Den don't he s'po't you?"

"Jim S'po't me! I reckon Jim do. He come home de minute he gits his wagins en lays 'em all ret in my lap. S'po't me! Why, 'Liza, Jim would tek his shirt off'n his back ter gib ter me."

"Den in de name er goodness, Ma'y Jane, what is you gwine git a divo'ce from Jim fer?"

"Well, 'Liza, I tell you de trufe—I jes' natcherly los' my tas'e fer Jim."—September Lippincott's.

NOT QUITE CLEAR.

A well-known clergyman of Boston was once talking to some friends with reference to the desirability of chronological coherence in ideas, in the form of written statement, when he observed that there are times when this method becomes a trifle too suggestive.

"For instance," said the speaker, "I once heard a minister in New Hampshire make his usual Sunday morning announcements as follows:

" 'The funeral of the late and much lamented sexton takes place on Wednesday afternoon at three o'clock.

" 'Thanksgiving services will be held in this chapel on Thursday morning at eleven o'clock.' "—September Lippincott's.

THE MARRIAGE LICENSE.

You got back, massa, from de town–
You fetch my ma'yage license down?
Dem license read for Sal and me?
Dat's a pity, massa, 'caze you see
Since you been gone I change my min'
And conclude I'll marry Adeline—
Des you take dem license and change de name—
And lemme ma'y on 'em all de same.
You can't do dat? Cost me two dollars mo'?
Oh, no, sah, massa! No, sah, no!
Des leave de name dat's writ dar Sal's,
'Caze dar ain't two dollars diffunce 'twixt dem gals!

—Martha Young, in The Circle.

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EDITORIAL

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OPSONINS AND THE OPSONIC PHENOMENON.

Every one interested in scientific medicine is thankful for the most meagre facts relating to the opsonins. Medical research may furnish in the near future things which are startling indeed. Many may engage in laboratory work, but it is the results of the trained man that are authentic and valuable. The untoward reports of the neophyte often cause others to look upon scientific research with distrust. Conclusions furnished by incompetent persons have a tendency to frequently discredit a scientific theory which in reality may prove in other hands to be founded upon facts. Recently it was my good fortune to enjoy the company of Dr. E. C. Rosenow, of Rush Medical College, Chicago, in his laboratory. Here I saw the work of a careful and competent man whose face lightened with scientific fervor when discussing and demonstrating what is now known in reference to the opsonic phenomena. Such an association, though short, naturally makes one impatient to obtain a knowledge of those things which but few are able to demonstrate.

The members of the medical profession are anxiously waiting for more light. The New York State Journal of Medicine for August, 1907, furnishes a key to the situation. It says:

The medical world is eager for further knowledge of opsonins and their relation to disease. This is one of the most important branches of scientific study now undergoing development, and we are thankful for every bit of new information added. It bears directly upon the most hopeful field in therapeutics. The subject of opsonins and the opsonic phenomena were discussed very fully before the Association of American Physicians at its last meeting. It is agreed that the blood serum is necessary for phagocytosis, in the case of most bacteria, and, in the absence of opsonins, phagocytosis is ineffectual. The virulent bacteria resist phagocytosis except in the presence of an immune serum. It is understood that diminution of the opsonic power of the blood precedes infection and is necessary for the occurrence of infection. It is shown that a fatal dose of such a microorganism as the staphylococcus aureus, injected into the peritoneal sac of an animal, produces an exudation of serum which is found to have lost its power to opsonize the staphylococcus aureus and other bacteria. This phenomenon is not due to antagonistic action of the fluid itself, for if it is mixed with blood serum the opsonic power of the serum is augmented. The fluid exuded in a sterile irritation of the peritoneum has the power of opsonizing staphylococcus aureus,

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but if the fluid becomes purulent, it loses its phagocytic power.

There seems to be a growing belief that the opsonins are specific and that the opsonic index has a diagnostic and prognostic significance. In pneumonia the opsonic index is below the normal before the crisis, and below the normal after it, remaining low after the crisis in fatal cases. In most of the acute diseases which have been studied, the index is low in the beginning of the attack and an increase of opsonic power takes place as the patient overcomes the disease. The streptococcus opsonic index is low in normal adults, showing that most persons are susceptible to this infection. If there is a relapse in an acute disease the index falls.

Unfortunately, as far as these studies have gone, it seems that the opsonic index is not a satisfactory guide for the administration of bacterial vaccines. Other difficulties encountered in applying the determination of the opsonic index are the counting of the bacteria, the inconstancy of stock cultures, and the difficulty of securing a pure culture of the infecting organism. The New York Board of Health laboratory reports that, as it is impossible to get the opsonic index on the day of treatment, the clinical symptoms are the best guide to determine the application of treatment by bacterial vaccines. The cases receiving the most benefit from this treatment are cases of furunculosis and staphylococcus abscesses.

These studies make for accuracy in the understanding of phagocytosis, prognosis and immunity; and it is in this line of work that the treatment of disease by the use of immunizing bodies is to be developed. At the present time it is one of the most important and fruitful branches of medical research and study.

ROENTGEN-RAY DIAGNOSIS IN ATYPICAL PNEUMONIA.

A little over a fortnight ago one of the patients presented at the Rush Medical College clinic was a Greek who had rheumatism of the right shoulder joint with effusion, and the diagnosis of a pulmonary lesion was problematical. The clinical signs did not furnish a clear diagnosis. The prognosis seemed favorable. The patient died two days later. I was informed by the clinician that an atypical pneumonia was probably the cause of death. A post-mortem was refused. Serum from several locations was obtained, however.

I witnessed the laboratory examination. It was evident that death was due to pneumonia. The thought occurred to me, is there not some method which will throw more light upon an atypical case of this character?

The New York Medical Record of August 24 reproduces an article in its editorial columns which is perhaps germain to the subject. It says:

Clear as the clinical picture of a pneumonia appears in many cases, it is often difficult to interpret the clinical signs when a pneumonia takes an atypical course, it being hard to differentiate between delayed resolution, carnification, abscess, gangrene, and tuberculosis. In the Charite in Berlin, de la Camp has been taking skiagraphs of the lungs of all pneumonia patients for the past few years, and has frequently found them of service in diagnosis, when the physical signs alone were of no value.

In the Zeitschrift fur klinische Medizin, Vol. 63, 1907, Jurgens has published a series of x-ray findings, showing how, with their aid, a differential diagnosis can often be made between the above-mentioned conditions. During the stage of hepatization the affected area of the lung shows a uniform shadow in the x-ray picture, which gradually but steadily becomes lighter as resolution sets in, disappearing entirely in two or three weeks after the crisis. In cases in which dullness persists over the lung it is often difficult to distinguish between delayed resolution and the organization of an exudate. This difficulty lies in the fact that both conditions often exist together, and that the connective-tissue formation does not involve the whole pneumonic area, and may contract so quickly that physical examination can not detect it. Thus, if a long-continued dullness finally disappears, we may be led to believe that the case was one of delayed resolution,

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while in reality the lung may contain an area of carnification too small to be detected by auscultation and percussion. If the case is one of delayed resolution the shadow will gradually but entirely disappear, even if it takes six to eight weeks. A shadow due to an area of carnification may get smaller, but will never become less intense; in fact, it may even become more intense. The persistence of the shadow does not necessarily mean carnification, as it may be due to other post-pneumonic conditions, such as pleurisy with effusion and tuberculosis; here the clinical symptoms are of great aid, but the skiagraph is also useful. When, at the end of a pneumonia a tuberculous process develops, or a latent one becomes active, the physical signs may not be sufficient to differentiate it from delayed resolution or other complications. If they persist after the crisis in pneumonia of an upper lobe, and are due to delayed resolution, successive skiagraphs will show a gradual fading of the shadow, the latter finally disappearing entirely; if due to tuberculosis in the upper lobe the shadow may at first become lighter, but as the tuberculous process progresses it will again become more intense, never having disappeared entirely. Again, if the physical signs after a pneumonia of the base do not disappear after the crisis, and are due to delayed resolution, the shadow will finally disappear; if due to tuberculosis in another part of the lung new shadows will appear in these areas, while the shadow over the base will disappear entirely. When a tuberculosis begins so acutely that it clinically resembles a pneumonia, the x-ray picture is of little value at first, but when, instead of the shadow becoming uniformly lighter, light areas appear in spots, the picture is one of cheesy pneumonia.

With respect to such complications as abscess and gangrene, the clinical symptoms usually suffice to make a positive diagnosis, but the skiagraph verifies the diagnosis, and often shows us that the process is in a state of repair before there are any changes in the clinical symptoms. When gangrene complicates pneumonia, the shadow of the stage of hepatization, instead of getting uniformly lighter, shows in one place an area which does not become less intense. If fluid is present in the cavity a dark line will represent its upper level in the x-ray picture, changing its direction with the change of position of the patient. In the case of gangrene, the clinical symptoms may persist for some time without much change, while the skiagraph will soon show an absence of fluid and that the gangrenous area is getting smaller.

Jurgens by no means claims that a diagnosis can always be made from the x-ray picture alone, and the clinical symptoms and history must ever be of considerable value. He emphasizes that the value of the x-ray does not lie in the taking of an occasional picture, but in taking successive ones of the same patient. Changes in the upper lobe are most easily interpreted in the picture, and it is this region which is most frequently the seat of delayed resolution and complications.

RADIOGRAPHIC PICTURES IN GASTRIC DIAGNOSIS.

The use of the Roentgen Rays in gastric diagnosis has been familiar to the medical college students of Indianapolis for quite a period, and yet when a demonstration was made at the last meeting of the Indiana State Medical Association a few of those who participated in the discussion insisted that the old methods were just as good. It has been shown, however, that some of the diagnosticians in several of the larger cities who used the "just as good" methods were in error in a large per cent of their cases. The new method is growing in favor, and upon this subject the Medical Record of August 17 says that the technique of the radiographic examination of the alimentary canal has now reached a degree of development which renders the method one of undoubted value in the diagnosis of the oftentimes obscure disorders of the digestive system. By means of the administration of semisolid foods, such as mashed potato, mingled with considerable amounts of one of the salts of bismuth, it is possible to obtain radiographic pictures conveying much supplemental or at least corroborative information regarding the conformation, position, and mo-

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tility of the esophagus, stomach, and intestine, and by enclosing portions of bismuth in little bags of goldbeater's skin, which is digested in a normally acting stomach, ocular evidence of the functional activity of that organ may be obtained. Some clinicians have even succeeded in demonstrating the presence of gastric ulceration by administering bismuth in small amounts of fluid. The patient assumes various positions in order to coat the interior of the stomach as thoroughly as possible with the mixture, and some hours later the stomach is examined by means of the fluoroscope in the hope that after the exit of most of the substance into the intestine any existing ulcerating areas will still be coated with it, as it has a greater tendency to adhere to raw surfaces than to the uninjured mucous membrane. It is true that the radiographic methods are rather complicated, but their application is becoming more and more frequent in nearly all branches of medical diagnosis, and, as is pointed out by Jollasse in the Munchener medizinische Wochenschrift, July 16, 1907, the procedure may be regarded as almost indispensable in cases of gastric disorders in which it is inexpedient to introduce instruments into the stomach.

A DIFFICULT ROLL-CALL.

The professor of English in one of our Western colleges was noted for being very absent-minded. It was his custom to call the roll each morning before the lecture. One morning, after calling a name to which there was no response, he looked up and, peering over his spectacles, he asked sharply: "Who is the absent boy in the vacant chair I see before me?"—September Lippincott's.

TWO OF A KIND.

A well-known club man in New York likes nothing better than to hunt "big game" in British Columbia. During his last expedition to that region he was in camp with a friend from Minnesota. Toward morning, says the New Yorker, he awoke shivering with cold. The fire was very low. His companion was fast asleep.

It isn't nice to get out of a warm blanket to roll frosty logs to the fire, so the wily New Yorker gave his friend a kick and then pretended to be asleep. There was no response, and presently the man from New York tried another kick.

At this the Westerner broke into a laugh. "I did the same thing to you twenty minutes ago," he explained, "and that's how you came to be awake."

Then, of course, both turned out to build a fire.—September Lippincott's

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A MAN OF PRINCIPALS.

Not long ago, in a crowded subway train, Superintendent Maxwell, of New York, arose and gave his seat to Miss Blank, head of an East Side school.

"I am sorry to have you get up," she said, smiling.

"Don't mention it," replied Dr. Maxwell politely. "I always stand up for my principals."—The Circle.

A MATTER FOR WONDER.

"Tomorrow," announced five-year-old Sidney proudly to his kindergarten teacher, "is my birthday."

"Why," returned she, "it is mine, too."

The boy's face clouded with perplexity, and, after a brief silence, he exclaimed: "How did you get so much bigger'n me?"

—September Lippincott's.

BOBBY'S REASON.

Little Bobby was saying his prayers at his mother's knee, but so rapidly that she asked him why he did not speak more slowly.

"Because, you know," he replied, "it would keep all the other children waiting!"—September Lippincott's.

OUT OF PRACTICE.

"These kisses you sold me yesterday are hard and stale," growled a customer at the candy counter. "I thought you claimed to keep only fresh candies."

"We do, generally," replied the fair saleslady. "Those must have come from an old batch."—September Lippincott's.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

ASEPTIC OPERATIVE TECHNIQUE.

By John Egerton Cannady, M. D., Surgeon-In-Charge, Sheltering Arms Hospital, Hansford, W. Va.

Authors Abstract from Therapeutic Gazette.

The Author points out the advantages of a simple, logical and consistent technique. He says the surgeon must possess the instinct of cleanliness. The preoperative treatment is sketched in its principle essentials. The gastro-intestinal tract is emptied of the bulk of its contents. The various details that go so far toward excellence of technique are described. Methods of skin cleansing are described and the more desirable antiseptic solutions are discussed. The proper method of putting on gloves so as to avoid touching the outside of the glove with bare skin is described and illustrated. Many operators defeat the end aimed at by lack of attention to these details. Especial attention should be devoted to the cleansing and care of the hands and the keeping of the skin in the pink of condition. The advantage of the layer sutures of absorbable material are pointed out. Subcutaneous suturing lessens wound infection and gives a neat approximation. Irrigation of the peritoneal cavity generally speaking is condemned.

In closing, the Author concludes as follows: "That bichloride of mercury as ordinarily employed is useless and engenders a false sense of security.

That the bugaboos of prolonged scrubbing of hands and arms with rough brushes and the reckless use of strong bichloride solutions favor rather than diminish the chances of infection in the long run.

That the iodine solution is comparatively non-toxic and highly antiseptic. Laboratory experiments have conclusively proved that as a germicide, a 1-500 solution of iodine will do in five minutes what it takes a 1-1000 solution of bichloride half an hour to accomplish.

That persistent care of the hands and the wearing of gloves is of prime importance; to protect the patient from the operator and to protect the operator from the patient. The objections are slight as compared to the many advantages accruing from their use. Face masks are advantageous in the prevention of wound infection. Long-sleeved gowns are indicated for the sake of consistency in technique.

That irrigation and attempted drainage of the abdominal cavity are as a rule inadequate and harmful.

That whenever possible unabsorbable buried suture material should be avoided.

That the evils of drainage are many and the indications for its use are few. When in doubt do not drain.

That Kelly's method of starvation diet to prevent the formation of scybalous masses that might tear newly united perineal tissues and of locking the bowels for ten days or two weeks to allow ample time for healing after plastic operations on rectum and perineum has many advantages."

TYPHOID FEVER AND MODERN TREATMENT.

Good elimination should be maintained from every gland and emunctory, writes W. T. Marrs, of Peoria Heights, Ill. Every secretion should be aroused and made to do its best Calomel in small doses is one of our best remedies. Salines are nearly always indicated. Abbott's saline laxative is pleasanter and better than crude salts. He has observed that if the bowels act not less than twice daily, the course and severity of the disease is modified. The old idea that in typhoid the bowels should

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be kept confined for a few days at a time, is now looked upon as having been an untenable theory. The more debris and toxins are eliminated, the less will the disease be compelled to oxidize by the process of fever. The more water the patient drinks, the more are poisons eliminated or diluted, thus lessening their absorption. In case of hyperpyrexia, give a colonic flushing and the high temperature usualy comes down a degree or two. The sulphocarbolates (W. A. Intestinal Antiseptics) should be given to neutralize remaining foci of infection? Patients treated along this line seldom require the cold bath. Tepid spongings at frequent intervals usually serve a better purpose than the bath of low temperature.—"Merck's Archives."

E.

THE CAUSES AND TREATMENT OF PUERPERAL ECLAMPSIA.

Philip King Brown, in a paper discussing The Relation of the Kidneys to Eclampsia (Amer. Med. Ass'n. Jour.) reaches the following conclusions:

"(1) Albumen is present in fully 80 per cent. of normal pregnancies.

(2) Albumin and casts are found in at least 30 per cent of all pregnancies.

(3) There is no reason to suppose that the renal condition thus revealed is a cause of eclampsia.

(4) That there is some connection, however, between the albuminuria and the extra-renal cause of eclampsia is likely in view of the nearly constant association of the two.

(5) It has been shown that neither any normal end product nor any known intermediary product of metabolism is the cause of eclampsia.

(6) It is reasonable to suppose that deficient thyroid or parathyroid activity plays a part at least in some of the cases of eclampsia.

(7) The most significant experimental work done up to this time points to the fact that in the placenta are formed the toxic substances which probably are responsible for eclampsia."

In the discussion of the treatment of Puerperal Eclampsia by the Obsetrical Society of Philadelphia, Dr. John C. Hirst formulated the following treatment based upon cases in the University of Pennsylvania Maternity Hospital:

"(1) Chloroform to avert the attack if possible.

(2) Fifteen minims of fld. ext. verat. viride, hypodermatically.

(3) Wash out the stomach, and through the tube introduce two oz. castor oil and four drops croton oil.

(4) Hot vapor bath or hot pack for thirty minutes in every four hours.

(5) Hypodermoclysis of one pint of normal saline solution under the breast every eight hours.

(6) If convulsions recur, repeat the verat, viride in five minim doses every hour for three doses, and then if blood pressure is still high and the patient is cyanotic, venesection is performed, removing from eight to sixteen ounces of blood.

(7) Under ordinary circumstances let the labor alone."

That auto-intoxication is the cause of puerperal eclampsia is conceded by all. That the kidneys are at fault is generally believed. That uremic intoxication is the immediate cause is almost universally accepted

We are free to admit that the cause is obscure and, to us, unknown; but that we have to do with the elimination of toxins in the blood is certain, and that all treatment, except immediate control of the convulsive seizures, must be eliminative is equally certain.

Chloroform to avert or control the convulsions is surely the best means at our disposal. Veratrum viride can have no other effect than to reduce blood pressure and paralyze general convulsive contractions. It can have no curative effect other than that of affording time for elimination of toxins which produce the convulsions, and it would seem that gelsemium, paralyzing voluntary muscles, would be less dangerous and fully as efficient.

It is folly to speak of washing out the stomach of one in terrific convulsions and introducing castor and croton oil through the tube. Under chloroform this is possible, though dangerous,

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and elimination by the bowel is too slow.

The hot vapor bath, or, better and more practical the hot pack with the patient between rubber sheets until she almost "floats in perspiration" which has been further promoted by pilocarpine hypodermically, is the most prompt and potent means of elimination. These procedures supplemented by bloodletting followed by hypodermoclysis of normal salt solution, give the best possible chance of success in this dreadful condition.

RYAN.

CAFFEINE.

J. M. French in an excellent article on caffeine (Merck's Archives) gives the following therapeutic uses of that valuable drug: (1) To stimulate the brain; (2) to stimulate the heart; (3) to stimulate the vaso-motor nerve centers; (4) to stimulate the respiratory centers; (5) to stimulate the kidneys. He quotes Felter and Lloyd (American Dispensatory), as follows:

"The chief uses of caffeine are as a cardiac and respiratory stimulant, and give as some of its leading applications, dropsy of cardiac origin, opium narcosis, cardiac paralysis, cardiac failure due to heart dilatation, typhoid fever, pneumonia, and la grippe; dropsy, albuminuria, uremic coma, pulmonary congestion and pneumonia of the aged, migraine, especially those cases of a hyperemic character with flushed face and cerebral fulness. In those cases characterized by purely neuralgic pain, with cerebral anemia, it is said that they are made worse by caffeine."

Riegel ranked caffeine with digitalis as a therapeutic agent. Based on 21 cases where caffeine was given either alone or with digitalis, he deduced the following conclusions:

(1) Caffeine shares with digitalis a regulating power over the heart.

(2) In proper doses caffeine augments the heart's energy and retards its action, increasing arterial pressure.

(3) It quickly provokes a notable diuresis.

(4) The indications are the same as for digitalis.

(5) The best mode of administration is by small doses often repeated.

(6) It excels digitalis in action, being more rapid and non-cumulative.

(7) It can be given with benefit where digitalis is inactive.

(8) The simultaneous use of narcotics like morphine is not to be recommended

(9) In general, caffeine is as well and often better tolerated than digitalis.

Cushny, on the other hand, declares that the action of caffeine and digitalis on the heart are entirely dissimilar. While in cases of heart weakness without marked dilatation or incompetency of the valves, caffeine may be of service, as it increases the activity of the ventricles, still its reputation in cases of cardiac disease is due mainly to the removal of dropsy through its diuretic action.

All authorities are agreed as to the prompt and decided diuretic action of caffeine, which is regarded as one of its most important effects from a therapeutic point of view, if not its most important.

In general, it will be observed that every one of the characteristic therapeutic effects of caffeine is an example of pure stimulation; and when the action passes beyond that of stimulation, the effect ceases to be therapeutic, and becomes physiological or poisonous.

RYAN.

TREATMENT OF GASTRIC ULCER.

Wm. A. Dickey, of Toledo, Ohio, gives the following treatment of gastric ulcer, (Medical Record), which is all very good; but he omits what, in our opinion, is the most important therapeutic agent, namely, Fowler's solution of arsenic.

"Each case should be individualized. Rest is of the first importance, and the treatment should begin with rest in bed from ten days to three weeks. No food at all should be allowed for five days, rectal injections being depended on for nutrition. Then liquids should be given in small quantities, beginning with iced

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milk. Gradually carbohydrates and gelatine are added, and last of all albuminoids. The drugs that are of some benefit are alkalies to neutralize hyperacidity; bismuth to protect the ulcer; and silver nitrate in one-tenth of 1 per cent solution."

RYAN.

HEADACH—NEURASTHENIA ASTIGMATISM.

That many headaches, vomitings and neurasthenias come from astigmatism is well known both to the general practitioner and to the ophthalmologist. Dr. Wylie McLean Ayres, of Cincinnati, in a recent valuable contribution, A Study of Fifteen Hundred Retinoscopic Tests Under a Cycloplegic, With Special Reference to the Axes of Astigmatism and Accompanying Symptoms. They were shadow tests made in office practice and consisted of patients from six to forty years. The doctor said that the loss of muscle balance leads to more headaches and suffering until sooner or later neurasthenia results. The Doctor fully believes that half these cases are due to uncorrected or unrecognized eye strain, and if taken in time with accurate correction and care of the muscle balance many cases may be avoided. He found this condition due to no. form of ametropia especially. These cases are often drugged for years when the use of a small piece of glass before each eye, correctly ground, accomplish more in a week than pounds of headache cures or stomach medicine do in a year. The writer found contrary to the rule that astigmatism, especially hyperopic was followed more frequently by car sickness than any other variety. Certain car lines in our city (Zoo Eden Park) noted for their curves can never be used by persons having this variety of astigmatism, without nausea and vomiting resulting. Certain people and especially children when riding on this line are obliged to remain on the platform to be ready for emergencies. These symptoms disappear completely when correct glasses are given. In the writers experience, mixed astigmatism has never seemed to produce as severe symptoms as other forms. This subject is one worthy of very careful study and we are all under deep obligations to Dr. Ayres for his erudite elucidation of the subject. E. S. McKEE.

VALVULAR DISEASES OF THE HEART IN PREGNANCY AND LABOR.

A position on the above subject, which seems to be rather that of an alarmist, is taken by Dr. F. S. Newell in an elaborate article in Surgery Gynecology and Obstetrics, May, 1907. He says that any organic heart lesion, even if perfectly compensated under normal conditions of life, should arouse apprehension and call for constant watchfulness if pregnancy supervenes. Pregnancy coming on as a complication to heart lesion calls for immediate relief by emptying the uterus. When a previously well compensated heart fails under the added burden of pregnancy if rest and appropriate treatment are not promptly successful he recommends that the heart should be relieved of its extra burden. In any case in which an organic heart lesion can be demonstrated, even though it may have caused no symptoms during pregnancy, labor should be regarded with apprehension, and every means should be taken to shorten the strain of labor, and thus relieve the heart of its extra burden although it may seem to be doing well.

E. S. McKEE.

INTRA AND EXTRA UTERINE PREGNANCY SIMULTANEOUSLY.

The coincidence of these two conditions in the same patient, was formerly considered a very great rarity. Up to the year 1900 only 38 cases had been placed on record. In the next five years this number was increased to 171. Fluerent in the Muenchner Medicinische Woohenschriftno 37 1906 reports a very interesting case. The diagnosis was made of left tubal pregnancy leading to tubal abortion with the formation of retro-uterine hematocele. This was

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confirmed at the operation which followed and when the hematocele sac was removed and the uterus was found enlarged and soft. The tube presented no change in its uterine end, its abdominal portion being enlarged to the size of a hens egg. The extirpated sac was examined by V. Rrechlinghausen, who confirmed the diagnosis of tubal gestation. Three months later the patient had a miscarriage, being delivered of a five months fetus. Both pregnancies were of the same age.

E. S. McKEE.

THE HIGH FORCEPS OPERATION.

The importance and seriousness of this operation is quite well known to every experienced obstetrician. This being the case it is important that all information on the subject be carefully husbanded. Rieman has made a careful study of 100 cases which occurred at the Institute for Midwives at Breslau. The applications were chiefly in the transverse diameter of the brim, one blade on the occiput and one on the face. Fetal mortality amounted to 31 per cent., of this it is inferred that 22 per cent had taken place before the opration was decided upon. Three of the mothers died of eclampsia though that of course had nothing to do with the operation. Injury to the mother occurred in 7 per cent. of the cases, and in 16 per cent. the duration of the puerperium was prolonged. The best results occurred when the fetus was in good condition and its head well shaped. In such cases a living child may be extracted when the conjugate measures only from 3-8.75 centimeters. The results are also good in multiparae with the conjugate ranging from 9-10 ½ centimeters. In 10 per cent. of these cases there were injuries to the child. In no case was the employment of the axis traction forceps included. Rieman's article can be seen in the original in Monatschrift Fuergeburtshuelfe Und Gynekologie XV 4; also **Berliner klinische Wochenschrift**, June 4, 1907.

E. S. McKEE.

IODINE AS AN ANTIDOTE FOR CARBOLIC ACID POISONING.

The fact that carbolic acid poisoning, both accidental and suicidal, is of such frequent occurrence and appears to be steadily increasing, owing to the popular use of carbolic acid in household affairs as well as in domestic medicine, it becomes necessary for the physician to be fully informed as to its antidotes. Carbolic acid poisoning stands sixth (Allbutt) on the list for frequency of fatal cases in England. Discussing this subject, Dr. John Maberly, (The Lancet, August 3d, 1907, pp. 293-4) brings forward a new treatment, believing after a good deal of experience that iodine is a true antidote for carbolic acid poisoning.

Up to the present date, it has been the custom in the presence of cases of this class of cases, to administer solutions of the alkline sulphates. This practice has been based upon the suggestion that sulpho-carbolates are formed and the carbolic acid neutralized in effect thereby. Washing out the stomach with a soft rubber tube with solutions of alkaline or soluble sulphates or with pure glycerine, together with the administration of oils, egg albumin, and warm delumcent drinks are the recognized methods of treatment. The first hint for the iodine method of treatment was observed in the early days of antiseptic surgery, when Mr. Lawson, of Middlesex Hospital, demonstrated the beneficial effects of washing his hands in a solution of tincture of iodine and thus relieving them of the peculiar numbness and bleaching from carbolic acid spray. This fact suggested the use of iodine to neutralize carbolic acid. According to cases reported the doses of the tincture of iodine suggested in the text books are insufficient. It has been given in teaspoonful doses in a teacupful of water to an adult when the quanity of carbolic acid swallowed appeared to be large. The ordinary dose of the tincture of iodine is, according to authorities, from two to twenty minims.

The chemical reaction between carbolic acid and iodine is very easily demonstrated. If a solution of carbolic acid

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be gradually added to a solution of iodine in a test tube and a gentle heat be applied, the latter solution at a certain point becomes completely decolorized, and if tested by means of a starch solution for iodine, it will no longer give the blue color reaction, showing that the iodine has gone into actual chemical combination with the phenol—a phenol iodine. A clinical test is to place a strong solution of carbolic acid on either skin or tongue and immediately nutrilize it with a solution of iodine; the effect will be almost immediate as regards sensation.

The chemical compound formed as a result of the reaction between iodine and phenol appears to be harmless, and in this respect it has an advantage over the effects of the sulpho-carbolates, for the latter is not entirely free from deleterious results. The tincture of iodine is mostly in a free state, and is convenient—points of much advantage to the practicing physician.

W. W. VINNEDGE.

PHYSICAL DEVELOPMENT.

The opening of the school year and the consequent renewal of interest in athletics serves to draw attention to some reflections on "National Physical Development and Athletics." (The Lancet, June 20th, 1907, pp. 169-170) as to Great Britain, and what is true of Great Britain is true of the United States. During the year just closed, many championship games were won within a short time by young men and young women not of British birth, and this has been construed by many current correspondants to forecast National Physical Deterioration. However, the article cited rather construes the cause to lie in the fact that young men and young women do not construe that championships in athletics are essential, or a part of a sound education, and therefore can have little or any effect on the futures of college students. All this is said without the least effort to detract from the general reverence for athletic distinction. It is pointed out that the cultivation of an extreme degree of skill in athletics by those best adapted to its exercise has a tendancy to reduce the numbers of the players and to relegate those of inferior physical powers, those who need to play, to the position of spectators.

The moral lesson of athletics receives attention. For example, physical culture is not secured through running after a ball for an hour or two once a week or even oftener, but it is secured by rational every day attention to the laws of health; moderation in food and drink, the absence of the use of tobacco and liquors by young people, plenty of fresh air at all times, and a sufficiency of sleep together with physical exercise suited to each case furnish the foundation for a good physical organization, one suited to the future needs of the student. Continuing, the writer says, let us come back "slackness" whether mental or bodily, in our young people by all means. There are round-shouldered loafers among the boys and young men who cheer their fellows, and who, if possible, should be stimulated to develop their bodies by suitable exercise and training. At the same time it must not be forgotten that the development of the mind is of equal importance with that of the body. Still less the young should not be encouraged to a devotion and cultivation of athletics to a degree that would or might impair the excellence of their lives as individuals and as members of the community.

W. W. VINNEDGE.

BEES' STINGS AND RHEUMATISM.

The opinion is widely prevalent; especially among that portion of the population of "the plain people" who have to do with bees, that bees' stings cure rheumatism, some forms of rheumatism and relieve others. This opinion or may be superstition prevails in certain quarters in England as well as in this Country. Some curious practices are being brought to light through the inquiry and discussion of this subject (The Lancet June 22d and 29th, 1907, pp. 1737 and 1806) now going on. For ex-

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ample one reporter says: "Some eight years ago, when I was traveling, the mate of the cargo boat showed me an apparatus that he informed me had belonged to my father who had been cured of a very severe and obstinate rheumatism of the spine through its use. It consisted of a metal piston working in a cylinder in which it could be withdrawn or released by means of a spring. On the "business end" of the piston were set concentric rings of needles projecting about one-eight of an inch from the end of the piston; the instrument was used by applying it over the affected part and releasing the spring sharply; by this means the skin was scarified in the same sort of way as I believe is employed in some modern tattooing." With this instrument a dark brown solution from the sting of bees was forced beneath the skin. The writers father had obtained the instrument and remedy from a German chemist, and claimed to have derived the greatest benefits. It was a condition of success that the fluid should be rubbed in vigorously, and it was said to produce a smart inflammatory reaction. The writer inclines to the opinion that his father's case was one of osteo-arthritis and that probably the benefit obtained was simply from the counter-irritation.

W. W. VINNEDGE.

FAVORABLE INFLUENCE OF X-RAYS ON CHRONIC BRONCHIAL AFFECTIONS.

Schilling had occasion to examine a patient with severe bronchial asthma and used the X-Rays to determine the exact status of the air passages. The patient found that his asthma was favorably influenced by the fluoroscopy, and Schilling thereafter applied the X-Rays systematically in a large number of cases of chronic bronchitis and bronchial asthma. He tabulates the results as determined by the amount of sputum. In one case it dropped from 150 c. c. to 80 c. c. in three days after the X-Ray exposure. Another patient, a man of 62, had been coughing and expectorating for months. The day before the X-Ray exposure the amount of sputum was 170 c. c., the day following 140, then 110, 50 and decreased to 40 c. c. by the sixteenth day, and expectoration had entirely ceased by the end of the fifth week. In every instance the amount of sputum dropped nearly one-half the day after the exposure, and progressively declined thereafter. Every patient was favorably influenced and the improvement or the complete cessation of the expectoration and asthma persisted for months. He suggests as evidence of the unmistakable and prompt benefit derived that possibly the proliferating cells of the microscopic glands in the bronchi react to the rays, similarly to the effect observed in X-Ray treatment of hypertrophied prostate, lymphoma, goiter, etc. The extreme permeability of the lungs for the X-Rays aids in the process. He used a 30 cm. inductor, the patients were seated, and the exposure was made from two, four or more directions, at the points where the rattling was most pronounced, avoiding those where the muscles were especially thick. The unexposed parts were protected against the rays, and the exposure lasted from 10 to 15 to 20 minutes, the distance from the tube being about 15 cm. The total of the exposures was kept within range of the maximal dose and only a single sitting was given. Notwithstanding the unmistakable relief from excessive bronchial secretion and from the tormenting asthma. Schilling reserves his opinion in regard to the actual therapeutic value of X-Ray treatment of bronchial affections until he can speak from a larger experience.

CURRAN POPE.

CASES OF PARASITIC DISEASES IN FORMOSA, JAPAN.

Two curious and interesting cases are reported (The China Medical Journal, May, 1907, pp. 115-116, as follows:

Case 1. A Chinaman, 28 years old, presented himself for treatment in Chiang-hoa, Formosa, for a sinus in the right lumbar region, having an opening

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about one inch above the iliac crest and four and a half inches from the middle line behind. A probe inserted passed upwards and inwards and a little forwards to the front of the 12th rib, and there was a sanguineous discharge. The swelling began in the right hypochondrium and gradually extended downwards and backwards, and was finally opened by a Chinese doctor at the point mentioned; dark bloody fluid was discharged continuously from the sinus. On January 13th, 1906, the sinus was opened up under chloroform, becoming much wider as the opening advanced. Finally the finger of the operator was passd up to the front of the 12th rib where something was felt like a soft rubber tube. Passing a pair of forceps up, a dead round worm was extracted. From this time forward the patient made an uninterrupted recovery.

How did the worm find its way to the abscess point? The reporter believes it passed through a temporary opening of the bowel, possibly an ulcer, and thus inflammation and suppuration followed.

Case 2. A Chinaman, apparently 28 years old, came to the hospital for obstruction of the left nasal passage, from which some blood had been discharged. The patient called his ailment a "phinleng" phin, nose; and leng or liong, dragon—according to Chinese in Formosa), which usually turns out to be a polypus. With the speculum and mirror something like a polypus was visible, except that it was of very dark color. Under cocain the polypus forceps was used and the dark object which offered little resistance was easily extracted. To our surprise it proved to be a full sized leech, alive and quite active, notwithstanding the use of the cocain. The cure was complete. It is difficult to understand, says the reporter, how the leech gained access to the nasal passage. The patient, however, told us that he was engaged in the camphor business and lived a great deal in the forests of Formosa, and often stooped down and drank water like a horse out of the pools or streams when he was thirsty. It seems likely, therefore, that it was while so engaged that the leech obtained entrance to his nose.

W. W. VINNEDGE.

VASCULAR TENSION IN CHRONIC ILLNESS.

(H. A. Hare, Phil.)

Hare emphasizes the importance of studying the vascular state and the degree of the blood pressure in respect to the diagnosis, prognosis and treatment in several states of disease because many medical men are still impressed with the idea that a tired heart should be stimulated to greater effort when in reality it should be given as much rest as possible by diminishing its burden. He says that it is quite remarkable how competent the heart is to attend to its functions if the physician is able to overcome vascular relaxation. In his experience there are only three drugs useful for this purpose, atropin, adrenalin and digitalis. If the physician will direct his treatment to the vessels, the heart will be able to care for itself. The heart should be stimulated to increased effort when the real object is to decrease its burden and to diminish the toxemia which is destroying its function. If the high tension is due chiefly to spasm, nitroglycerin will do good, but it will fail to a great extent if the condition is due to fibrosis. The combined effect of massage and iodids, even when fibrosis is well developed, not only will often produce excellent results in that the state of a tired heart has been proved, but also results in a marked diminution of arterial tension, partly by a cardiac and partly by a vascular influence.

CURRAN POPE.

LIGATION OF DUCTUS ARTERIOSUS.

Munro, in The Annals of Surgery, August, 1907, recommends the ligation of the Ductus Arteriosus. He demonstrated its technical possibility on the cadaver of new born children, and felt that it was justifiable in the living.

The operation he proposes as demonstrated on the cadaver is as follows:

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Under ether, which he prefers to chloroform in any case involving collapse of the lung, the sternum can be split along its center or a little to the right, opposite the second costal cartilage. This is easily done with a knife. The sternal halves are then retracted, ample room for work being obtained. The right pleural cavity will probably be opened but the left will not. Judging from analogous cases in surgery, this should not be serious, but if necessary the physiologists apparatus for maintaining artificial respiration could be employed, although he hardly thinks it would be needed. After retracting the thymus upward, the pericardium is exposed. Its reflection lies so high on the large vessels that the ductus to all intents and purposes is intrapericardial. In the upper angle the aorta will be seen on the patients right and the pulmonary artery on the left. By following close to the aorta toward the under surface of the arch of the ductus, as large as the aorta itself, will be seen as the first vessel to the left pointing upward and a little to the right. Both pulmonary branches lie too far posteriorly to be seen, and by keeping close to the aorta the main pulmonary trunk will escape injury. On pushing through the tissues by blunt dissection the ductus, theoretally, should be easily surrounded with a ligature. It is a question whether or not simply crushing it would not accomplish the same result. After closing the anterior pericardial wound the sternum can be sutured or not and the skin closed. He thinks that in a case with beginning atelectasis or other evidence of impending death from circulatory disturbances with a reasonable basis for believing the duct to be open, it seems as though such an operation would be justifiable. He doubts if it would materially hasten a fatal issue in case the diagnosis was not confirmed.

T. C. KENNEDY.

TREATMENT OF DIABETES MELLITUS.

Hart defines diabetes mellitus as a disease of faulty metabolism characterized by a deficient power of oxidation resulting in the incomplete combustion of the carbohydrates and fats of the food and of the tissues. Hart protests against the belief that urine with its specific gravity of 1020 can contain sugar. He refers to 50 instances in which the specific gravity was from 1006 to 1018 in each of which sugar had been demonstrated. All treatment instituted must be directed toward improving the powers of oxidation. It is Hart's custom to give the patient written instructions for his dietary for each meal for a week, each day cutting off a little more carbohydrate food, until on the seventh day the diet is composed of a definite quantity of fats and proteids only. The diet for the day is as follows and is termed the "standard diet:"

Breakfast: 150 c. c. of coffee with two teaspoonfuls of thick, sweet cream, two poached eggs, four slices of bacon and butter. Dinner (midday): 150 c. c. of clear bouillon; broiled fish with mayonnaise dressing; roast beef, 200 grams; spinach or asparagus, salad of lettuce and tomatoes with French dressing, cream cheese, 20 grams; butter, one small cup of black coffee. Supper: Beefsteak, 200 grams; eggs, scrambled without flour; cup of tea; string beans, lettuce salad with French or mayonnaise dressing. For the next two days the patient continues on the standard diet to which is added an "accessory diet" of 100 grams of wheat bread equally divided between the morning and midday meals. The twenty-four hours' urine is collected and examined. If glucose is present the patient is allowed the standard diet plus a diminished accessory diet, e. g., 80 grams of wheat bread. If the glucose is absent he is given standard diet plus an increased accessory diet, e. g., 120 grams of wheat bread. A study of the individual case is all important.

CURRAN POPE.

THE OPSONIC INDEX AND TUBERCULIN TEST IN CHILDREN.

The importance of the diagnosis of early tuberculosis in children, especially on account of the possibility of its later

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development and also as a preventive of its dissemination, is pointed out by T. M. Rotch and Cleaveland Floyd, Boston (Journal A. M. A., August 24), who found 25 per cent. of 110 children of families in which tuberculosis had occurred thus affected. They found tuberculin a valuable diagnostic agent in these cases, but it needs to be used with extreme caution and, as an illustration of this, they give the history of a case in which death from acute general miliary tuberculosis followed the injection of four milligrams of Koch's solution given by a physician, undiluted by mistake, for the diagnosis of suspected tuberculosis. The opsonic index may be of great aid in the early recognition of tuberculosis, especially when tuberculin can not be given on account of prostration or temperature. The use of the opsonic index may give some indication for the control of the dose of tuberculin used for diagnosis as well as for its therapeutic effects. A constant low index may mean tuberculosis or only a lowered general resistance to the tubercle germ. A constant high index indicates that the body is constantly taking up small quantities of tubercular products from some focus that stimulate its resistance. Tuberculosis therefore practically exists when this occurs. A fluctuating index is still more significant of over dosage from a tuberculous focus. The authors do not agree with Wright as to the necessity of controlling the therapeutic use of tuberculin by the opsonic index, as they say there are many other factors in the production of immunity besides opsonins. In numerous instances they have seen good results from the use of small increasing doses over a long period, as recommended by Trudeau, and are therefore encouraged to continue their studies in this direction.

CHAPMAN.

THE PREPARATION OF THE SPECIALIST.

G. E. Shambaugh, Chicago (Journal A. M. A., August 17), criticises the postgraduate courses in the various specialties of medicine as now given as giving only a partial clinical training, and neglecting the fundamental sciences, a knowledge of which is even more essential in every medical specialty. For the most part, he says, not a word is heard in the postgraduate clinics of the fundamental subjects of anatomy, physiology, embryology, or pathology, in their special relations to the subjects studied by the would-be specialist. The development of the specialties has been so rapid that the demand for special training is a recent one, hence, in some measure, its defects. It can not be met by our undergraduate medical schools, whose object is to fit men for general practice, and while the postgraduate schools can furnish the clinical instruction, they lack the facilities for giving the right sort of work in the special anatomy, physiology, etc., which, as the foundation work, must form a large part of the actual training of the real specialist. To supply this we have to look to the universities and colleges that are provided with well-equipped laboratories, and the work should be put on the basis of genuine graduate work, leading to the granting by the university of a higher degree, that, let us say, of doctor of philosophy in medicine. Such a course and such a degree, even if granted by only one or two of the universities, would stimulate higher ideas and better preparation in physicians entering on the practice of specialties. It is, Shambaugh says, the duty of university medical schools to solve this problem by standardizing the work required in the preparation of the specialist. The need is not for more specialists, but for properly trained specialists.

CHAPMAN.

FACTORS IN THE PRODUCTION OF COAGULATION NECROSIS.

D. H. Bergey, Philadelphia (Journal A. M. A., August 24), states that coagulation necrosis is usually defined as that form of death of tissue in which the proteid suffers changes similar to or identical with coagulation. He discusses the influence of bacteria in producing coagulation necrosis and the

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other alterations of the colloids in the body, and relates briefly the lines of experimentation pursued. He concludes by stating that the studies which he has made indicate:

(1) The coagulation of blood serum through bacterial agency is induced directly and indirectly by a coagulating and a carbohydrate fermenting enzyme produced by the bacteria; (2) that the inhibition of the effects of the carbohydrate fermenting enzyme alone, through neutralization of the organic acids produced, will annul or materially reduce the pathogenic effects that would otherwise ensue; (3) if some safe and certain method can be devised for overcoming this mode of offense by the bacteria we shall possess an additional defensive measure against bacterial action in the body.

CHAPMAN.

PELVIC ABSCESS.

Elan (The Medical Herald) sums up his excellent article on this subject as follows:

1.—Pelvic abscess is not always due to the same cause, nor is it always found in the same location, neither is it a distinct pathological entity.

2. All abscesses of the cellular tissue should be thoroughly incised and drained extra-peritoneally, the location of incision being determined by the point of fluctuation.

3. When multiple abscess of the uterus exist a hysterectomy should be done preferably by the two stage method.

4. All pus accumulations walled off in the cul-de-sacs by adhesions should be drained by thorough vaginal incision.

5. Vaginal drainage is unquestionably the route of choice for drainage in acute walled off tubal and ovarian abscesses, but in no instance should the operator attempt to extend the operation to include the removal of these organs, as adhesions might be broken through and virulent infectious matter forced into the general peritoneal cavity, thus producing a general peritonitis.

6. In case salpingectomy or oophorectom seems to be demanded, it is better to do this work as a secondary measure, admitting of a sufficient interval between the steps to allow the patient to thoroughly react, and the infectious process to disappear, at which time it can best be done by the abdominal route.

7. Experience has proven that sometimes important organs, even though embarrassed by adhesions, or to some extent diseased, may react and partially or wholly resume their function. It is the province of honest surgery, to conserve all organs and structures to the end that the reputation of surgery may be sustained.

8. In chronic pyosalpinx, or abscess of the ovaries, where adhesions exist, the abscess together with the diseased organs may be removed via the abdominal route, especially if the operator is a careful, conscientious observer of technique. The fact, however, that no definite period of time has been established which assures the sterility of the contents of these abscesses, makes this work distinctly hazardous.

D. F. BERRY.

PRURITUS ANI.

Nearly all cases of persistent itching of the anus may be traced to one of these causes: (1) The most common is superficial ulceration or abrasions of the anal canal. (2) Next, catarrhal diseases of the rectal mucosa which cause discharge from the anus. (3) External hemorrhoids or skin-tags which prevent proper cleansing of the parts. (4) Small polyps of the anal canal, protruding internal hemorrhoids, prolapse and fissures, etc. The treatment consists (in addition to removing the cause) in restoring the altered perianal skin to the normal. For this purpose nitrate of silver followed by citrine ointment are the best applications.—(Am. Jour. Clinical Med.)

D. F. BERRY.

CURE OF VARICOCELE.

When operating for varicocele it is far better to make the incision over the external ring, as in herniotomy than

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the usual incision in the scrotum. The cord, veins and artery may be pushed out of the opening and the veins separated from the others and ligated. The operation is much simpler and easier, involves less laceration and hemorrhage, and the dangers from embolism, thrombosis and septic infection are greatly minimized. It is wholly unnecessary to touch either the wounds in skin and tunica vaginalis or the cord and veins—finger-infection here being very serious, since the wound must be closed without drainage, which is best sealed with collodin, over which a protective gauze-pad should be placed.—(Am. Jour. Clinical Med.) D. F. BERRY.

ICE AND TYPHOID FEVER.

W. H. Park, New York City (Journal A. M. A., August 31), notices the rariety of observations of cases of tyhpoid fever traceable to infected ice, and discusses the probability of such occurrence. He reasons that if Hudson River ice produced an appreciable amount of typhoid it would be noticeable at certain months in the year when the latest stored ice is consumed, but the facts do not bear out this probability. It has been shown that typhoid fever bacilli could survive three months in ice, but this fact has been wrongly interpreted as supporting the theory of danger from this source. In Prudden's experiments, so often quoted, a few bacilli survived for that period, but these were but a small fraction of 1 per cent. of the number originally contained. In Park's own experiments, made with 21 different stains of typhoid germs and numbering an average of over 25,000,000, not one bacillus was living after 22 weeks' freezing, and less than 1 per cent. after five weeks, six of the culture having been destroyed entirely. He refers to the investigations of others showing the rapid destruction of typhoid germs by freezing, even in badly contaminated waters, and summarizes his conclusions as follows: "The danger from the use of ice produced from polluted water is always much less than the use of the water itself. Every week that the ice is stored the danger becomes less so that at four weeks it has become as much purified from typhoid bacilli as if subjected to sand filtration. At the end of four months the danger becomes almost negligible, and at the end of six months quite so. The slight danger from freshly cut ice, as well as the natural desire not to put even sterilized frozen sewage in our water, suggests agreement with the report of Dr. Jackson, that portions of rivers greatly contaminated, such as the Hudson within three miles of Albany, should be condemned for harvesting ice for domestic purposes—such ice alone to be used where there is absolutely no contact with food."

EARP.

TYPHOID PERFORATION.

J. E. Allaben, Rockford, Ill. (Journal A. M. A., August 17), says that while ordinarily the diagnosis of typhoid perforation is easy from the cardinal symptoms of pain, rigidity, tenderness, nausea, etc., it may be very difficult in pronouncedly stuporous cases, but in every case where the conditions indicate the probability of a perforation, we are justified in making an exploratory incision and establishing the diagnosis by inspection. A rise of pulse rate is the rule, though a fall has been stated by some to occur immediately after the accident. He does not attribute very much importance, as a rule to the leucocyte count. The treatment is purely surgical, and is epitomized by him as follows: "1. Lateral incision through right rectus or linea semilunaris, as for appendectomy. 2. Systematic search for and suture of the perforation. 3. Placing the drainage tubes. 4. Partial closure of wound without irrigation or mopping the peritoneal cavity. 5. Treatment by posture to confine bacteria and septic material to lower abdomen (Fowler's position). 6. Treatment calculated to destroy or impede the growth of bacteria already in the tissues: Antistreptococcic serum; unguentum Crede. 7. Supportive treatment: Nourishment; strychnin and digitalin hypodermically. 8. Elimination: Physiologic

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salt subdermally (temporarily) when indicated for failing heart; proctolysis continually until sepsis is overcome." Keeping the patient in the Fowler position by the ordinary methods is a difficult and almost impossible thing to do in this condition, and Allaben describes and figures, with his other illustrations a special form of shoulder rest with double inclined plane extension for this purpose. He reports a case occuring in his own family which was notable as being one of the very few in which more than one laparotomy has been performed for a tyhpoid perforation.

EARP.

GENERAL ANESTHESIA BY THE HYPODERMIC METHOD.

The rapidity with which the Abbott-Lanphear method of anesthesia has advanced in the confidence of the profession is unparalleled. The method is simple, easily used, requires less assistants in surgical operations, is acceptable to the patient, is remarkably free from danger; is devoid of after effects to a greater extent than inhalation anesthesia, is recovered from promptly and can be adjusted to nearly all patients. Its most marked influence is in the slowing of the respiration, which is apt to alarm those who have not proven that no harm results, the respiration being that of deep sleep. The use of hyoscine instead of scopolamine is a great improvement on the original method, and the introduction of this substance, by Dr. Abbott, and of cactus in the form of cactin in the compound, hyoscine, morphine and cactin comp. (H. M. C. Abbott) has added a safeguard which is invaluable, and which in time will be fully appreciated. Abbott has the confidence of the profession because he makes good. On his presentation it was promptly tried and another success is scored.

GONORRHEAL STERILITY.

"Race suicide," so far as the average woman is concerned, is more a matter of closure of the fimbriated extremity of the Fallopian tubes from gonorrheal infection than an act of violation on her part. One child sterility is especially frequent; i. e., the wife becomes pregnant very soon after marriage, before the gonococci from her husband's gleet have infected the uterus and tubes, but during the puerperium, or shortly afterward, the gonorrheal endometritis becomes manifest and the tubes are forever sealed, even if not so badly diseased as to necessitate removal. Erb (Germany) found on investigation that of 2,000 men 48.5 per cent had had one or more attacks of gonorrhea (84 per cent. of these acquired between 16 and 24); and examination of 400 of the wives of men presumed to be "cured" of clap before marriage showed 375 healthy—presumably capable of bearing children. But in American cities the proportion of infected wives is far larger than this. The small number of negro (and mulatto) children in cities is due also to the prevalence of gonorrhea among negresses.—(Am. Jour. Clinical Med.)

D. F. BERRY.

THE RELATION OF THE HOSPITAL TO MEDICAL EDUCATION AND RESEARCH.

W. H. Welch, Baltimore (Journal A. M. A., August 17), in his address at the opening of the new hospital connected with Jefferson Medical College, remarks on the advances made in medical education in this country during the last two decades, and says that it is above all in the laboratory teaching that the most striking progress has been made. The instruction in medicine and surgery, while it also has advanced, has hardly kept pace, and the clinic lags behind the laboratory more than it should. He believes that it is the duty of our medical schools to furnish students with clinical teaching comparable to that given in the laboratory. The difficulties now come from the hospitals. There are few medical colleges that have their own hospitals, and the others must look to outside public hospitals for aid. Welch shows how groundless are the objections made to the use of public

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hospitals for medical instruction, and how the plea for such utilization is in the interest of the public and the patient. The hospitals also, as he has pointed out elsewhere, should serve for the higher clinical training that is only attained after a still longer apprenticeship. In conclusion, he pleads also for the encouragement of research in our hospitals, but it is to the special clinical laboratories that we will have to look for the more penetrating insight into the causes and nature of many diseases.

EARP.

DIVERTICULITIS OF THE LARGE INTESTINE, DR. W. J. MAYO, ROCHESTER, MINN.

In this paper Dr. Mayo's great clinical opportunities are utilized in bringing together and accounting for a number of cases of hitherto supposed misplaced appendiceal abscesses. Diverticula of the Intestine are possible in any portion of the large or small bowel, and these diverticula may be the seat of acute inflammations terminating in an abscess or of chronic inflammations producing inderated masses that may simulate malignant disease. Diverticula are more common in the large bowel.

The symptoms of the acute inflammations may resemble those of appendicitis and if an abscess develops it may rupture either into the bowel or into the peritonium and a general peritonitis result. The close association of the bladder and sigmoid or descending colon, makes a diverticula of this portion of the large bowel a pre-eminent cause of vesico colonic fistula.

A case under observation by the reviewer has undergone three operations in New York City for the relief of this condition, but even at present there remains a minute communication between the bowel and the bladder. Daily irrigation of the large bowel prevents the accumulation of gas, but should this be neglected for 48 hours, bladder irritation ensues and following each micturition gas is forced from the bladder and the urine comes out blubbering.

The Surgical treatment of this condition consists in a complete resection of the involved bowel, and Dr. Mayo has removed as much as eight inches in several cases.

The diagnosis of this condition can not be positively made until the abdomen is opened. In all acute left sided abdominal conditions one must consider the possibilities of an acute inflammation of an acquired diverticule.—July Surgery, Gynecology and Obstetrics.

M. A. AUSTIN.

THE OPSONIC INDEX IN DIABETES MELLITUS.

Dr. John C. Da Costa, Jr., in his paper of March 11, 1907, read before the Section on General Medicine of the College of Physicians of Philadelphia, (American Journal of the Medical Sciences), treats of "The Opsonic Index in Diabetes Mellitus." He presents the results of 22 patients studied as to the relative value of opsonin possessed by each of said patients who was afflicted with diabetes mellitus (16) and diabetes insipidius (4), and 2 of transient, "accidental" glycosuria. He selected the "Staphylococcus pyogenes aurens as the bacterium with which to determine opsonin values in all the tests, since it is to infection from this source that the diabetic appears to be highly vulnerable." His work revealed the fact that all of the cases of true diabetes mellitus had subnormal opsonin indices, ranging between 0.34 and [illegible], and averaging 0.62 for the series of 16 patients.

In three cases whose urine gave positive test for acetone and diacetic acid there were especially low opsonin values, ranging from 0.49, 0.52, and 0.34 respectively. From such a meager data, though suggestive, it should not be "interpreted as indicating that acidosis especially lowers the opsonic index; on the contrary, extremely subnormal values may occur in the absence of these urinary changes."

There is no relationship between the sugar contents of the urine and the opsonic value of the blood, low opsonic

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figures having been met with in patients with moderate glycosuria, and vice versa."

"Albuminuria seemed also to have no effect upon the subjects opsonically. No relationship could be established between the leukocyte count and the opsonic content of the serum, and the same was true of the hemoglobin and the erythrocyte figures.

For the four cases of diabetes insipidus examined, indices of 0.82, 0.87 and 0.89 were calculated, these figures being within the normal range, which varies between 0.8 and 1.2 according to Bulloch's studies of 84 healthy subjects."

Of the two patients with transient glycosuria, one showed an index of 0.81 and the other an index of 0.91; the former was an example of postoperative glycosuria, while in the latter the patient's temporary glycosuria was traced to over indulgence in small liquors.

It is essential that opsonins be present in the blood serum to enhance the potency of the phagocytes in their defensive process against disease due to bacterial invasion of the human organism. The importance of the leukocytes to destroy microorganisms, unaided by the opsonic substances is a recognized fact.

Wright, Douglas, Bulloch, and others have shown that after the incubation of equal units of a bacterial emulsion, washed leukocytes, and blood serum which has been heated to 60 degrees C., the leukocytes of the mixture contain no bacteria whatever; on the other hand, if unheated serum be employed in a precisely similar test, the leukocytes are found to be crowded with bacteria which these cells have engulfed and are digesting.

The failure of the cells to act as phagocytes in the first instance and their ability to do so in the second, is referable to the influence of opsonic bodies, which are thermolabile, and disappear from the blood serum after it has been heated for a short time at a temperature of 60 degrees .

The opsonins combine with the invading bacteria and in some manner cripple them so as to favor their ingestion by the phagocytic leukocytes, which, without this preparatory attack by the opsonins, are incapable of becoming bacterial destroyers." Different blood contains different opsonic index, each of which has selective combining properties with certain bacteria—an adequate opsonic index toward the staphylococcus does not mean an equal power of repelling invasion by the streptococcus, the pneumococcus, or the gonococcus.

Dr. DaCosta asserts that the specificity of opsonins is more than a convenient hypothesis as the behavior of these substances in an advanced case of pulmonary tuberculosis, in which, despite the grave inroads of the infection, the patient's blood may show a high index toward bacillus and a low index toward the strepococcus. He further says, this suggests not only a multiplicity of opsonins, but also indicates an adequate acquired resistance toward Koch's microorganism linked with a feeble opposition toward the streptococcus. Diabetics show feeble resistance toward staphylococcic infections. This may explain the prevalence of boils, carbuncles, abscesses and similar lesions in this disease. The existence of a high opsonic figure in a subject of furunculosis suggests that the individual's resisting powers are being vigorously exerted."

CRISMOND.

HE PROVED HIS ALIBI.

The Sunday-school superintendent was reviewing the lesson. Who led the children of Israel out of Egypt?" he asked. There was no answer.

Pointing to a little boy at the end of the seat, he demanded a little crossly, "Little boy, who led the children of Israel out of Egypt?" The little boy was ready to cry as he piped out with a quavering voice, Please, sir, it wasn't me. We just moved here last week. We're from Missoury."—The Circle.

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MEDICAL MISCELLANY.

THE INDIANA UNIVERSITY SCHOOL OF MEDICINE.

Since 1903 Indiana University has conducted the first two years of a full medical course upon a University plan. Before this department was established the President of the University and a committee of its trustees, sought information of all the high class medical schools in the United States. Upon the information thus obtained the School of Medicine of Indiana University was founded, and since its beginning it has been the constant effort to keep abreast of all the newer and better ideas that have been advanced by the American College Association, and by the committee on education of the American Medical Association. In other words this school was started right and has been kept right. It has been recognized by State Boards everywhere and by educational institutions of the highest character. In 1906 the State College of Physicians and Surgeons was affiliated with the Indiana University School of Medicine for educational purposes. From the first the University had complete control of the State College of Physicians and Surgeons in an educational way and thus aided greatly in placing it upon a University standard. The result of the first year's work was demonstrated in the success of its twenty-five graduates, all of whom passed the Indiana and Illinois State Boards of Medical Registration and Examination, eleven of whom in this state securing a grade above 90 per cent. During the present summer the Board of Trustees of Indiana University has taken over the management of the State College of Physicians and Surgeons, which latter institution now becomes the clinical department of the School of Medicine of Indiana University and will in future be managed completely by the Board of Trustees of this institution. The session of 1907-08 began September 10th with an increased enrollment of a high class of medical students. A majority of the junior class having received the full two years training in the laboratory department at Bloomington.

OHIO STATE MEDICAL SOCIETY.

The Sixty Second annual session met at Cedar Point, Lake Erie, August 28, 29, 30, 1907, under the presidency of Dr. B. R. McClellan, of Xenia.

The following special addresses were given by gentlemen outside of the state: The address on Surgery, Goitre by Chas. H. Mayo, Rochester, Minn. The address on Medicine, The Rarity of Gastric Disease and the Frequency of Other Diseases Mistaken for It. R. C. Cabbott, M. D., of Boston, Mass. Pediatrics. Doses of Diet and Drugs by A. Jacobi, M. D., New York. Eye, Ear, Nose and Throat, John E. Weeks, M. D., New York City. Dermatology, G. W. Wende, Buffalo, N. Y. The Use of the Roentgen Ray in the Diagnosis of diseases of the stomach and intestines, Henry Hulst, M. D., Grand Rapids, Michigan. How can the Doctors and Laymen Best Cooperate in Protecting the Public Health and in Inculcating Higher Ideas Health Ideas was the subject of an address by Champ S. Andrews, of New York City.

A sensation was created on the first day by the societies' censure of Senator J. B. Foraker, for his position on the Pure Food Bill. The Ohio Doctors are opposed to Foraker any how on account of his advocacy of osteopaths.

The following officers were elected: president, Dr. Chas. L. Bonifield, Cincinnati, first vice-president, Dr. D. W. Steiner, Lima, second vice-president, Dr. J. S. McCellan Bellaire, third vice-president, Dr. B. S. Bowman, Akron, fourth vice-president, Dr. H. T. Sutton, Zanesville, secretary, Dr. J. H. J. Upham, Columbus, treasurer, Dr. J. A. Duncan, Toledo.

The Social programme consisted of a dinner by the pediatrists, the annual dinner, a boat ride on Lake Erie, a theater party and a ball.

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The next meeting will be at Columbus in May, 1908. The registration reached 600. McK.

OUR CYNICS PHILOSOPHY.

The unskilled work of the obstetrician is like cotton left in the abdominal cavity; it tells the story later on.

Medical advice for a cigar or drink is not worth the price.

The man who knows it but cant tell it, is evidently dumb.

A baseball pitcher like a grapevine bears the best fruit when in trim and has good support.

Physicians who ape others often appear like a goat following a bell sheep.

A creature of impulse is one who does things by fits and starts.

There are lots of people who never have good things said about them except when they talk to themselves.

If as Cope says, "Kindness is evidence of kingliness, "then gentleness must be evidence of queenliness."

Medical fad followers travel on the surface expecting profit by ostentation.

A man may sneeze when he looks at the sun and "cough up" when his son looks at him. SIN IC.

INDIANA UNIVERSITY, A FULL FOUR YEARS' SCHOOL OF MEDICINE.

The following article of agreement will be read with interest.

Indiana University as one party, and the State College of Physicians and Surgeons as the other party hereby unite for the purpose of conducting a school of medicine under the name and style of Indiana University School of Medicine.

Said Indiana University School of Medicine shall be the medical department of Indiana University. The organization effected by this union shall conduct a four years school in medicine. The first two years of instruction shall be given at Bloomington, Indiana.

The course of study in such school shall be prescribed and the faculty and officers thereof chosen by the trustees of Indiana University. Indiana University shall confer the degree of Doctor of Medicine upon and issue the diplomas to the graduates of this school.

By the above articles of agreement the State College of Physicians and Surgeons is merged into and becomes an integral part of Indiana University, and is thereby placed upon a university basis.

DEATH OF DR. W. H. LINK.

The death of William Hall Link, removed from Indianapolis, a man who next to his God and family, loved his profession best. With less than six months' schooling he obtained a teacher's license at the age of twenty, then graduated from Hanover College and later became superintendent of Petersburg High School. After graduating from the Medical College of Ohio, he took a postgraduate course in New York and Philadelphia. Several years ago Dr. Link came to Indianapolis from Petersburg, Ind., where he had practised medicine and surgery for many years. Surgery was his chief pride and he was one of the first who performed a caesarean section. At the time of the development of aseptic abdominal surgery he became a voluminous contributor to medical literature and was a regular contributor to the Central States Medical Monitor, from which many of his articles were reproduced by other journals. Dr. Link at one time was a member of the teaching force of the Central College of Physicians and Surgeons, and the State College of Physicians and Surgeons, and at the time of his death was clinical professor of obstetrics in the Indiana University School of Medicine.

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After a lingering illness he died at Indianapolis, August 10, 1907, age fifty-six. He leaves a wife, daughter and son, Dr. Goethe Link, of this city. Dr. Link was a man of sturdy character, indomitable energy, honest and upright and a friend true as steel. Honor was one of his guiding stars, and the love and admiration, which made him a leader in the community where he was best known leads one to believe that there is something appropriate and true in Thomas Carlyle's idea of Hero Worship.

VISITORS WELCOME AT COLLEGE CLINICS.

The session of 1907 and '08 of the Indiana University School of Medicine is now open. The medical profession is most cordially invited to visit and inspect this institution. Visiting physicians to Indianapolis are always welcome at the medical and surgical clinics held at the State College Hospital and Dispensary. The profession of the state is also at liberty and cordially requested to send their pathologic specimens to the university laboratories, where a prompt and gratuitous examination will be made by the Professor of Pathology. Last year more than 1000 physicians of the state availed themselves of this advantage offered by the university and sent many specimens for the purpose of examination and diagnosis. Professor Henry R. Alburger, recently of the University of Pennsylvania, will have charge of this division of the work.

CHICAGO POTATOES.

During the month of August Dr. W. H. Foreman and Dr. Geo. L. Chapman were in Chicago seeing the sights in medicine. So earnest were they in the pursuit of knowledge that the noon meal consisted of fried potatoes, etc. Neither of these gentlemen could account for their frequent attacks of indigestion. The cause was assigned to hurried meals, incompetent cooks, cottonseed oil, etc., but never to the fact that the Chicago potato differs from all others and is indigestible. The etiology is clear since the Medical Record has published a dispatch from Chicago to the New York Times. It reads:

The critical period in the condition of a lady from Detroit, Mich., who swallowed a small hat pin at the Auditorium Annex Hotel, Sunday night, while dressing for an automobile ride, has been passed, according to the attending physician. "We have located the pin," said the doctor, "and think an operation will not be necessary. The pin is near the appendix, and if it passes that point safely the patient will soon recover, otherwise an operation will be necessary. Mrs. Ferris is swallowing no liquid, and is sustained by potatoes alone. The potato forms a mass around the pin and is carrying it from her body. We have watched, with the x-ray, the potato food as it went through the various organs, tracing its progress inch by inch."

CLINICAL TREATISES.

Clinical treatises on Disorders of Respiration and circulation by Edmund Von Neusser, authorized English translation by Andrew McFarlane, are now in press. The publishers, E. B. Treat and Co., announce that Part I, Dyspnea and Cyanosis will be ready in September. Part II, Angina Pectoris and Part III, Tachycardia and Bradycardia are in press and will appear soon.

The private hospital of Dr. J. C. Sexton, Rushville, Ind., opened for the reception of patients, September 7.

A SURGERY BY DR. BURRELL.

Dr. Burrell, president of the American Medical Association, is now preparing the manuscript of quite a pretentious work on Surgery, which the Philadelphia publishers, P. Blakiston's Son & Co., will bring out. This is another indication of his tireless labor in educational fields. The book is to be complete in one royal octavo volume, well illustrated, and, needless to say, well and authoritatively written.

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Dr. William S. Campbell, of LaFayette, Indiana, has just sold his household goods and office furnishings and during the month of October will take up his residence in Butte Valley, California. He is making this change of residence in behalf of his wife's health.

The Doctor's change of residence may not be permanent.

WHO ARE ADMITTED.

A gentleman who stands very high in educational circles in Chicago and elsewhere, asks the question, are any students other than those who have attended Indiana University, admitted to the affiliated College of Medicine? It is strange that so erroneous an idea is abroad.

The Indiana University College of Medicine admits students from all reputable schools, in fact all who meet the requirements of the association of American Medical Colleges and the Indiana State Medical Board.

A GREAT DETECTIVE STORY IN LIPPINCOTT'S.

Carolyn Wells has been such a prominent figure among American humorous writers that it will come rather as a surprise to her numerous admirers to learn that she can write serious fiction just as well as she can that of the frivolous sort. A very striking detective story by her appears in the September Lippincott's, under the title of "A Chain of Evidence." The plot is based on the murder of an old man, whose death various people are suspected of encompassing, and the reader who succeeds in picking out the guilty party before he reaches the end of the story can justly pride himself on his acuteness. Fleming Stone, the detective who is concerned with the case, is a most original character, and quite different from the rather stereotyped crime-tracer whom we encounter in most of the latter-day detective stories. Other notable contributions in this September issue of Lippincott's are essays on "Queen Dolly" Madison and the poet Shelley, by Mrs. La Salle Corbell Pickett and George L. Knapp, respectively, and short stories by Elliott Flower, Elsie Singmaster, Jane Belfield, Lloyd Buchanan, Prince Vladimir Vaniatsky, May Harris, Joseph M. Rogers, and others. There is, besides, some really excellent poetry and the usual department of humor, "Walnuts and Wine."

DE MOON-PILOT.

De big yaller moon, de ship of de sky,
Hit sails wid de pilot-man high en dry,
De smilin' moon-man, a whirlin' out san',
  W'ich fairy gol' dus'
    He gedders fer us
  In de isles, de fur away isles,
    Of de mornin'!
De stars am de light-'ouses sot dar ter sine
Dat de ole sky-pilot kin see whar's he gwine;
En de win's dat blow, he snares um, ya-ho—
  In de big moon-ship's
    Gol' sails ez she dips
  'Mong de isles, de fur away isles,
    Of de mornin'!

—Wilhelmina Franklin Pruitt in September Lippincott's.

EXCLUSIVE PRIVILEGE.

The late General Shafter used to enjoy telling how, during the Civil War, several wounded officers and a few privates were going up the valley of Virginia, when a rain came on, forcing all hands to take refuge all night in a school house.

It chanced that during the night a skunk had found its way under the floor, and by and by had announced its presence after its well-known effective manner.

The officers all waked up, but, being gentlemen and each supposing that the others were still asleep, they kept silent. At last one of the privates, a German, could restrain himself no longer.

"Mein Gott!" he exclaimed. "Dis is awful! Dey shleeps und I vakes, und I haf got to shmell it all!"—September Lippincott's.

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LOGICAL DEDUCTION.

Irish Cook (approaching master of the house anxiously): Could ye be after tellin' me, Sar, the time o' day? Shure all the clocks in the house is different except one.

Master of the House: That one is right, Mary.—The Circle.

THE CARDINAL'S WIFE.

Cardinal Gibbons, the venerable head of the Catholic Church in America, is one of the most democratic men in the country. He also enjoys a good joke, even when told at his own expense. He once related how a Baltimore newspaper man who may have been more zealous in journalism than learned in religion called at the cardinal's house one day to ask His Eminence for information concerning some church matter.

"The cardinal is out of the city," said Father Fletcher, who received the caller.

"Then may I see Mrs. Gibbons?" was the startling request that followed.—September Lippincott's

A COMPROMISE.

Four-year-old Gordon was the devoted owner of a cloth doll called Maudie, from which he could not be parted even after it became so dilapidated that the other members of the family would have dispensed with its company without a murmur. One morning he started on a walk with his grandmother, and as usual Maudie was hugged close in his arms.

"Oh, Gordon," exclaimed his companion, "do throw that dreadful-looking doll away, and grandmother will buy you a new one!"

An agonized expression spread over the little fellow's countenance. "Oh, grandmother," he replied sadly, "I couldn't throw Maudie away, but I'll try to lose her."—September Lippincott's.

WHAT IT SAYS.

If money talks,
As some folks tell,
To most of us
It says: "Farewell!"
—September Lippincott's.

SURGERY OF THE GALLBLADDER.

Putnam has an exhaustive article in the Post-Graduate for July, '07, upon surgery of the gallbladder, of which the following is a recapitulation:

1. Gall stones in the gallbladder may be in themselves harmless, but they are more or less the indirect cause of serious and dangerous diseases. Therefore, after a second attack it is in most cases safer to remove them.

2. In cases of simple cholelithiasis cholecystostomy is sufficient.

3. In cholecystitis with or without stone, it is usually best to excise the gall bladder, but drainage of the hepatic duct must be insured. If jaundice is present, drainage through a small opening should be done and as little else as possible. The bile should be allowed to escape very slowly.

4. In obstruction of the common duct by malignant disease, cholecystenterostomy is probably not justifiable, as the jaundice makes the prognosis extremely bad.

5. In jaundice with inflammation, reduce the jaundice as slowly as possible.

PROOF OF HIS INNOCENCE.

A Southern negro was brought into the court-room, accused of stealing a neighbor's chickens.

"Mr. George Washington Shintopp, did you steal those chickens?" asked the judge pointedly.

"No, sah, jedge; Ah is toe 'spectable fo' dat."

"But it is stated on good authority that a bundle of feathers was found in your back yard the day before Christmas."

"Dat 'sinneration, jedge, des proves mah innocence, coz how could de fedders be found in mah back yard de day befo' Chris'mus, when mah wife didn't pluck dose chickens until de day after Chris'mus?"—The Circle.

A GET-RICH-QUICK SCHEME.

Knicker—I save twenty cents every time I shave myself.

Mrs. Knicker—Then why don't you shave five times a day and save more?
—The Circle.

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TO THE physicians of the State we recommend the following nurses as being thoroughly competent and worthy any nursing you may desire done. Call them direct by phone or telegraph or procure any of these nurses by communicating with the Monitor, care of Dr. D. L. Kahn, 323 North Delaware street, Phone New 5900.

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That's why Hydroleine—the pancreatized emulsion of cod-liver oil—is so greatly superior to the ordinary mechanically-formed emulsions. Hydroleine is always digestible. Write for sample and literature. Sold by all druggists.

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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 323 N. Delaware St., Indianapolis, Ind.

ANTISEPTIC LIQUID SOAP.

R Saponis Mollis
Katharmon
Aquae .....aa ℥ iv
Alcoholis ..... ℥ iij
Misce et adde
Acidi carbolici..... ℥ j

THE GREATEST OF ANESTHETICS.

We were living in an age of advancement in medicine as well as in all departments of life, and he who does not hustle today will wake up tomorrow morning looking into space and wondering where his neighbors are who were with him yesterday.

I have been very much interested in Dr. Abbott's recently discovered hypnotic anesthetic, i. e., hyoscine, morphine and cactin comp. I have used it in a number of operative cases, with very satisfactory results. The anesthesia was perfect, except in two cases where, in addition, I used a very small amount of chloroform, which completed the anesthesia.

I had none of the postoperative nausea which we so much dread following other anesthetics. In one case of weak heart, where I could not use chloroform, the heart's action seemed to improve while under the influence of this hyoscine, morphine and cactin anesthetic.

For about two years prior to using the H. M. C. anesthetic I had been using hyoscine and morphine as a hypnotic and analgesic, with such excellent results that I felt that I was not properly equipped without hyoscine and morphine tablets in my hypodermatic case, but had never thought of its ever becoming an anesthetic.

I feel that the medical fraternity is under great obligations to Dr. Abbott for the discovery and careful preparation of this much needed and greatest of anesthetics, that is proving such a boon to suffering humanity.

C. C. COCHRAN.
Jacksonville, Ill.

From the strong endorsements I have seen and the limited experience I have had thus far with meatox, I believe it to be the best preparation of the kind on the market. It is intended to be served dry and is very palatable and nutritious.

I have great confidence in Professor Marchand as being competent and conscientious in putting on the market this splendid food.

S. P. SCHERER.

THE USE OF ADRENALIN DURING ETHER ANESTHESIA.

By Charles S. Venale, M. D., Charlottesville, Va. From the Virginia Medical Semi-Monthly, Feruary 22, 1907.

Recognizing that my experience in the use of Adrenalin during ether anesthesia is but very limited, covering a course of only eighteen cases, and knowing the many fallacies attendant upon too early conclusions, I feel a great hesitancy in making this report. However, owing to the uniform result that has attended its use, I am prompted to do so now.

I found that 25 per cent. aqueous solution of the standard 1 in 1000 gave the best results, and that by first pouring ether in the towel cone and spraying the Adrenalin solution on it, depending on the ether to vaporize it sufficiently for inhalation, was the best mode of administration. Three to six minute intervals are sufficient for its use and a total of from one-half to one ounce of this solution is enough for an operation lasting from thirty minutes to an

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hour. The effects are a more uniform etherization, the pulse becoming steadier, slower and of better character more rapidly than under ether alone; respirations are quite and regular, the bronchial secretions are practically checked, and the progress of the operation is not interrupted.

These cases were not selected, and among them were old alcoholics; two women over sixty, one of them nearly eighty years of age. Three were very long tedious operations, lasting over two hours, and in none of the series was any stimulation required during the anesthesia.

Recovery from the anesthetic was uniformly good; there was practically no post-operative shock, and no stimulation was needed in any one of the cases; only two patients vomited at all and very little nausea was complained of.

From the foregoing facts I conclude that owing to the contraction of the smaller vessels the bronchial glands secrete less mucus, and there is better aeration in the bronchioles and pulmonary vesicles, less ether is required to produce anesthesia and there is less probability of ether pneumonia following. The Adrenalin, acting generally from absorption, is a powerful stimulant; it materially lessens shock, lessens the capillary ooze at the field of operation, and is of great benefit to the much weakened patient.

PENAL CODE STATE OF NEW YORK.

Section 401 of the Penal Code has been amended so as to read as follows:

Any person, who, in putting up any drug, medicine or food or preparation used in medical practice, or making up any prescription, or filling any order for drugs, medicines, food or preparation puts any untrue label, stamp or other designation of contents upon any box, bottle or other package containing a drug, medicine, food or preparation used in medical practice, or substitutes or dispenses a different article for or in lieu of any article prescribed, ordered or demanded, or puts up a greater or less quantity of any ingredient specified in any such prescription, order or demand than that prescribed, ordered or demanded, or otherwise deviates from the terms of the prescription, order or demand by substituting one drug for another, is guilty of a misdemeanor; provided, however, that, except in the case of physicians' prescriptions, nothing herein contained shall be deemed or construed to prevent or impair or in any manner affect the right of an apothecary, druggist, pharmacist or other person to recommend the purchase of an article other than that ordered, required or demanded, but of a similar nature, or to sell such other article in place or in lieu of an article ordered, required or demanded, with the knowledge and consent of the purchaser. Upon a second conviction for a violation of this section the offender must be sentenced to imprisonment, for a term of not less than ten days nor more than one year, and to the payment of a fine of not less than ten dollars nor more than five hundred dollars. The third conviction of a violation of any of the provisions of this section, in addition to rendering the offender liable to the penalty prescribed by law for a misdemeanor, shall forfeit any right which he may possess under the law of this state at the time of such conviction, to engage as proprietor, agent, employee or otherwise, in the business of an apothecary, pharmacist or druggist, or to compound, prepare or dispense prescriptions or orders for drugs, medicines or foods or preparations used in medical practice; and the offender shall be by reason of such conviction disqualified from engaging in any such business as proprietor, agent, employee or otherwise, or compounding, preparing or dispensing medical prescriptions or orders for drugs, medicines or foods or preparations used in medical practice.

Section 402. This act shall not affect or impair any liability, penalty or punishment under the provisions of section four hundred and one as the same existed prior to the time this act takes effect, but the same may be enforced, prosecuted or inflicted as fully and to the same extent as though this act had

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not been passed; and all actions civil or criminal instituted under or by virtue of said section as the same existed prior to the passage of this act, and pending immediately prior to the taking effect hereof, may be prosecuted and defended to final effect in the same manner as though this act had not been passed.

Section 403. This act shall take effect September first, nineteen hundred and seven.

THE CURE OF A CASE OF OSTEOMALACIA.

In an article on the suprarenal glands and osteomalacia, in the **Munch. Med. Wochenschrift,** 1907, p. 278, L. M. Bossi, of Genoa, describes the almost marvelous cure of a serious case of osteomalacia by subcutaneous injections of Adrenalin. The patient was a multipara, 38 years of age, who was pregnant in the eighth month and had a well defined osteomalacia. After seven hypodermatic injections of Adrenalin, each of which consisted of ½ cg. of Adrenalin of the 1:1000 solution the patient fully recovered.

PAIN.

This is the condition we are most often called upon in a hurry to relieve. Our therapeutic measures employed will be gauged by the cause, location, severity, etc. A hot water bag should always be accessible. Hypodermics of morphine should be used as sparingly as possible. Papine is an excellent pain-reliever that is devoid of the danger and unpleasantness of ordinary opiates. It relieves pain promptly, but does not produce narcosis, constipation, etc.—W. T. Marris, M. D., in The Medical Herald.

A SUGGESTION.

The new Glyco-Thymoline Eye Bath, which is constructed from a single piece of aluminum, has been found of exceptional service when used as a vessel to heat hypodermic solutions to the proper temperature. This little hint comes from a physician who has frequently found himself wanting just such a device. The Glyco-Thymoline people will be glad to send you one of these cups if you desire it. C. E. F.

REMOVAL NOTICE.

The Dad Chemical Company announce their removal from No. 17 Cedar street to No. 25 Commerce street, New York City.

S. Leon Gans, M. D., Instructor of Genito-Urinary Diseases in the Medico-Chirurgical College and Assistant Genito-Urinary Surgeon to the Medico-Chirurgical Hospital, Philadelphia, publishes his extensive experience with colloid silver in acute gonorrhea. From his study of 132 cases he concludes: Instillations of the drug never caused subjective symptoms of irritation. The most striking feature in the entire series was the absence of epididymitis in all cases. There were no complications in any case, unless posterior urethritis is so called; and this was minimized. All cases ran a much shorter course than under other plans of treatment. The long stage of decline was conspicuous by its absence. There was no sudden cessation of the acute discharge followed by a persistent mucoid discharge, as with many cases treated by the old irrigation methods.

Three to five per cent collargolum solutions with mucilage sassafras med. being preferable to watery solutions, were injected as soon as the patients presented themselves. The instillation is made with the greatest care and gentleness four times a day, immediately after urination, the instillator being placed just within the compressor urethra muscle. This insures medication of the infected membranous and prostatic urethra; if introduced farther the instillator deposits the fluid on the base of the bladder, which is rarely at fault. The solution is held five minutes, the meatus being compressed laterally. The urine should be watched, and persistent turbidity not due to phosphates or urates is an indication to decrease the strength of the solution. Number and concentration of the injections should be adapted to the individual needs.

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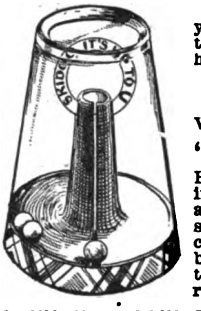
Thirty minutes after a five per cent collargolum solution had been thrown in and held five minutes, a normal urethra was examined with a straight tube endoscope with an electric bulb. The mucous membrane was found to be stained brown and to have a peculiar lustre, and small areas of normal tissues were apparent at irregular intervals.

The author appends a table which shows the characteristic effects of collargolum in twelve typical cases taken at randum.—Abstracted from The Medical Bulletin, February, 1907.

PUZZLE FOR THE CONVALESCENT



Just a little puzzle, when your down with pain, makes the sick room brighter and help make you well again.
Have you seen it?
Heard of it or tried it?
What?
Why the great

"SKIDOO PUZZLE"

Both interesting and amusing, and more fascinating and scientific than the great success of some years ago, called Pigs in Clover. A three ball game. By Mail 15 cents, try it. Agents write for territory and terms—to

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ELOPING UP TO DATE.

The coatless man puts a careless arm
Round the waist of the hatless girl,
While over the dustless, mudless roads
In a horseless wagon they whirled.
Like a leadless bullet from hammerless gun,
By smokeless powder driven,
They fly to taste the speechless joys
By endless union given.

The only luncheon his coinless purse
Affords to them the means
In a tasteless meal of boneless cod,
With a dish of stringless beans.
He smokes his old tobaccoless pipe,
And laughs a mirthless laugh
When papa tries to coax her back
By wireless telegraph.

—Maurice Rutherford, in July Lippincott's.

THE PAPER ON MY NURSERY WALL.

The paper on my nursery wall
Shows meadows bright and green;
A narrow, winding road runs on
The little hills between.
There, crook in hand, roams sad Bo-peep,
Trying so hard to find her sheep!

I wish that she could turn and look
Around the nursery wall.
She'd find them then, as plain as day,
Waiting to hear her call!
It's mean she can not understand
Her sheep are there, so near at hand!

At night I lie in bed and think
How jolly it would be
If she could only turn her head
As easily as me;
Then, while I'm thinking of Bo-peep,
I generally go fast asleep!

—September Lippincott's.

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This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession as a whole. An earnest invitation is extended the Medical Profession of America for contributions. The Editor assumes no responsibility for the views of contributors.

VOL. X. INDIANAPOLIS, IND., October 15, 1907. No. 10

ORIGINAL COMMUNICATIONS.

THE OVERESTIMATION OF PELVIC DISEASES IN THE PRODUCTION OF PSYCHOSES AND NEUROSES—REPORT OF CASE.

By Max A. Bahr, M. D.

Assistant Physician, Department for Women, Central Indiana Hospital for the Insane, Indianapolis.

Since my association with the insane it has frequently come to my notice to observe a number of psychological and neurological cases, especially some with most decided mental derangement in which the responsibility of the female pelvic organs in the production of nervous and mental manifestations was at times greatly exaggerated. Such a case I wish to report briefly.

This case having some slight uterine derangement and a train of nervous symptoms, which tradition has ordinarily labeled as pelvic diseases, was considered one of that character, and special stress was placed in the commitment record upon the pelvic condition as a causative factor in bringing about her mental disturbance. I believe that there are a number of so-called functional and organic psychoses and neuroses which are erroneously attributed to pelvic diseases, which are solely due to nerve exhaustion and to changes in the nerve centers rather than to any reflex action from some real or some supposed pelvic disorder; and that the pelvic disturbance is merely a coincidence and not in any way responsible for the existing mental or nervous manifestations. Just as the earlier physicians associated uterine disturbances with hysteria which is now also a well recognized neurosis of the male sex. So consequently we are dealing with a dis-

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ease of the cerebro-spinal nervous system rather than with a disease of the pelvic organs; for as minute lesions of the nervous system are at times hard to ascertain, however exacting their symptoms; take for instance insanity or epilepsy, even at autopsy their minute lesions frequently elude our instruments of precision. The pelvic organs however unfortunately being reachable, seeable, and directly treatable are often held accountable for a train of counterfeit pelvic symptoms; overlooking the fact that a single mental stimulus to an unstable nervous system will awaken many reflexes, so, consequently we overlook the tyranny of women's oversensitive organization and underrate the influence of psychical disturbances in such cases.

Case 10,925, admitted November 15, 1900, age 27, presented on admission a typical picture of melancholia upon a neurasthenic basis. This patient from constant apprehension and dread of an already overtreated uterus presented such a state of mental anguish that she suddenly became desperately suicidal, having made three unsuccessful attempts before she could be admitted to the Central Hospital.

Commitment Record was as follows: Cause given for nervous and mental disturbance was disease of pelvic organs. Patient gave birth to child a year previous to admission, which died soon afterwards and over which she could not be reconciled. Six months later her husband was operated upon, which was quite a shock to her. She was nervous, irritable, and easily excitable, suicidal and homicidal. Had delusions that her joints were dislocated and that her heart and lungs had dropped down into her pelvis. Had required artificial feeding, seclusion and restraint. Mother of patient was of very nervous temperament.

On admission, patient presented the following on examination: Pulse 100, temperature normal. She was languid, dull, constantly tired; the slightest muscular efforts causing fatigue and provoking slight muscular tremor. Headache, sensation of incessant pressure within the head, persistent insomnia, unrestful sleep and generally disturbed by dreams. Backache and points of tenderness along the spine intensified upon deep pressure; all manner of vague sensation of heat, cold, prickling, numbness and a feeling of heaviness in the pelvic region.

Pelvic examination: Considerable hyperesthesia and sensitiveness over ovarian region. Uterus movable, slight laceration of perineum and also of cervix, and slight leucorrheal discharge.

Mental symptoms were those of melancholia agitata, patient groaning and moaning a great deal, with marked apprehensiveness, inability to fix and maintain attention any great length of time, and upon effort to do so causing great fatigue. Introspective, self-watchful and tendency to some hypochondriacal delusions, with rather pronounced suicidal inclination. This patient made a complete recovery and was discharged September 11, 1901, without any local treatment of any importance to the pelvic organs and simply by disciplinary and constitutional remedies.

Five years after the patient was discharged from the institution she came to report for a visit and was apparently well mentally in every respect.

When we consider how common it is to find pronounced mental and nervous manifestations associated with a slight perineal tear, increased mobility of the uterus or slight malposition, while a fibroid tumor wedged in the pelvis, pustubes, or a complete perineal tear in another case will give rise to no psychical symptoms whatever, there is still further evidence that the lesions of the generative organs are not responsible for a great number of the psychoses and neuroses associated with them. I believe that a great majority of these disturbances only take place when the disease has existed for some time, that is, not until the general health of the patient has been seriously impaired, her vitality lowered and her resistance materially lessened. Besides associated with these lesions are usually anemia, septic infection and autointoxication, and usually after secondary conditions are established the nervous system breakdown takes place.

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FACTS CONCERNING ARGYRIA, WITH A CASE REPORT.

By Paul B. Coble, M. D., Indianapolis, Ind.
Ex-House Physician Indianapolis City Hospital.

This condition refers to a discoloration of the skin or tissues due to the deposit of reduced silver. Although in a large number these changes go on without any inconvenience to daily life, in others the symptoms are very pronounced and similar in severe cases. There is noticeable in pronounced types a marked emaciation and tissue waste, inco-ordination, gastro-intestinal disorders, a bluish slate color of the skin and mucous membranes more marked in the beginning on the face, conjunctivae and nail beds, different forms of paralysis and perhaps convulsions. In continued use of the silver salts the skin may present the appearance of a severe form of a general cyanosis. The small number of deaths from argyria are due to paralysis of the respiratory tract, the heart continuing to beat for some time after respiration has ceased. The amount of silver nitrate, for this is the salt usually given to produce the characteristic changes, varies somewhat, some authors claiming that at least 30 gms. must be given, while in the case reported by Dr. Daisy M. Orleman Robinson, Medical Record, January, the amount taken into the system was a little less than 9 gms. Dr. Robinson's case was very interesting from the manner in which the silver nitrate was absorbed. The patient had been suffering from a catarrhal condition of the throat, for which she consulted a physician. Every two weeks for a period of two months a solution of the salt was sprayed in the throat. She then continued the same course of treatment herself every day for quite a time, one ounce of the solution lasting about one month, thus absorbing about 5 grs. per thirty days. Symptoms of argyria were noticeable after about 130 grs. were used. The discoloration was present over the entire body, but most marked upon the parts exposed to the light.

Some seventeen years ago, a goodly nourished, well developed female, 32 years of age, married and of German parentage, began showing symptoms of tabes dorsalis. She consulted physicians and was put on a course of medication. Matters continued thus for some time, then for some reason she consulted another physician, but finally coming back to her original doctors and indirectly under the attention of Dr. James Taylor. He was the first to notice any discoloration of the skin. She showed him some 10 gr. antipyrin powders, stating that she had been taking from five to six per day, and that they had been making her blue; between powders she said the skin would clear considerably. These powders were discontinued but with very slight improvement, in a short time there was a gradual increase in the discoloration, with a permanency in what had already occurred. She came under direct observation in October, 1904, when she was admitted to the Indianapolis City Hospital, greatly emaciated, anemic, suffering from gastro-intestinal disorders, some loss of co-ordination and of such a blue slate color that she had the appearance of some general chronic cyanotic state. She suffered from severe attacks of pain, requiring morphine for relief, this drug had been taken until she had become a habituate. The presence of syphilis was not demonstrated, although her husband had been infected for several years. The tongue and mucous membrane of the mouth presented the characteristic coloring and the surface of the body was pretty evenly changed. During Dr. S. E. Earp's service at the hospital more notice was taken of this case, due to his great enthusiasm and interest shown. She grew so weak that she was forced to take to her bed, at several times having attacks convulsive in character. Slight delusions were present, never prominent. At one time she fell out of bed, injuring herself; she gradually grew weaker, death occurring about one year after coming under observation, while I was

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serving my interneship at the hospital. There was no direct knowledge of her taking silver in any form, yet with such marked symptoms and with the fact that silver nitrate has been, and is now, recommended by some of our best authorities of today in tabes dorsalis as a remedy of par excellence, we can hardly look upon this case under any other heading than argyria. There was not, unfortunately, any examination made of the urine to detect the presence of silver to our knowledge. Dr. Maracek, Diseases of the Skin, states that like in arsenical pigmentation the examination of the urine is of diagnostic aid, for the presence of silver can be easily demonstrated.

THE "HAY BOX" IN RELATION TO THE SICK ROOM AND INFANT TRAVEL.

By W. W. Vinnedge, M. D., Lafayette, Ind.

During the past two or three years the so-called "Hay Box" has received a great deal of attention from housekeepers and students of economy as to housekeeping, and during this time it has been tested in at least one of the army posts (Topeka) as to its economic value in cooking for the soldiers. I have not seen a copy of this report; at any rate it is my information that the nearly air-tight box has been used heretofore only as a fuel saving device in cooking.

But the object of this note is not to discuss the cold box to any extent from the standpoint of economy, but simply to draw attention to it as a convenient, efficient agent frequently in the sick room or in the preservation of infant foods during travel, or in the bed room of the slightly indisposed in the hotel or boarding house—where such apartments or rooms are not conveniently near the refrigerator.

The "hay box," as it is currently described, as doubtless all the readers of The Monitor know, is simply a wooden box built as nearly air-tight as possible, and it is in feet usually about 2x4x2, or 2x2x2, making sure of a close fitting lid. The box should be lined with a good non-conductor of heat or cold, usually asbestos fiber or paper. It should then be filled snugly with hay, straw, or excelsior, and a space made in the center for the cooking or freezing utensil, as the case may be—if cooking, the heated vessel and its contents should be taken from the stove or range boiling hot, at least 212 Fahr. or more, and it should then without delay be placed in the space in the hay or excelsior and the slip or pillow placed in position, when the box should be closed tightly with the wooden lid.

If it is intended to freeze or preserve foods with cold, milk or cream for example, the container should be placed in a bucket or vessel containing broken ice, and rock salt may be added when convenient or desirable, and this in turn be placed in the box and covered by a pillow of hay or excelsior, as in cooking, and the lid closed tightly. In this way the temperature of the interior of the box may be maintained at or near the freezing or boiling point for many hours, and the cooking or freezing proceed without further attention, and without perceptibly affecting the temperature of the room where the cooking or freezing is being done. The principle involved is conservation of heat in the one instance; in the other, that of cold.

Recently a capable neighbor housekeeper was called from Lafayette to Chicago by the serious illness of her mother, who was stopping temporarily with another daughter. The patient's room was on the third floor of the dwelling, and my neighbor found it a hardship for herself and others to descend to the kitchen and refrigerator repeatedly during nights in the patient's behalf—for food or drink. She thought of the small portable cold box in this connection, and brought it into service in the care of the case. It furnished both comfort and convenience. Equipped with a little wooden box and a

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granite bucket and a few pounds of ice wrapped in a newspaper, the nightly journeys to the kitchen were nearly wholly discontinued, and the attendants were relieved of unnecessary work, and the house from unnecessary noise.

Profiting by our neighbor's experience and cleverness, my daughter adopted the wooden cold box to provide wholesome food for her baby, ten months old, during the journey from Lafayette to New York, her home, at the end of August just passed. A dozen bottles of the size of Sloan's maternity set were filled with sterilized modified milk, and with cotton stoppers in position, were placed upright in a closely covered tin bucket, the center of which was packed with ice and this covered by a padded excelsior slip, while the bucket was well packed in position with hay, though when at hand excelsior is better, probably cleaner. In this instance the box was a little less than 2x2x2, and was constructed from sections of an old pine box, and was provided with handles—one on each of the two sides—with which to carry it into or out of the car.

Under date of September 4th the mother of the baby writes in substance as follows: We have just arrived home. The journey (from Lafayette to New York City) was pleasant. The cold box was satisfactory. The milk bottles were ice cold when taken from it, and when warmed over our alcohol lamp were satisfying and satisfactory to the baby. We added ice to the box but once on the way —in Buffalo—and then it was unnecessary, for the ice had not all melted, but we obtained more because that was the place to do it and we wished to make sure of plenty. Thus with this device the baby was spared any change in food or in its preparation during the long ride, while her parents were relieved of much anxiety and inconvenience.

TREATMENT OF SPASTIC DIPLEGIA.*

By H. R. Allen, M. D., Indianapolis, Ind.
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In as much as the causes of spastic diplegia are numerous, involving not only congenital cases but also a great variety of acquired cases, the treatment is to be divided between those cases that will recover by correcting or removing the exciting cause and those cases in which the exciting cause can not be appreciably influenced by medicine or surgery.

This paper is to deal only with those cases beyond the possibilities of medicine and surgery in so far as medicine and surgery can not benefit or correct the original neurotic lesion.

The cases whose pathological lesions can be restored by medicine or surgery represent a very small per cent of spastic diplegics, while the great number of cases not ameniable to such treatment are to be corrected by the treatment here outlined.

Within the nervous mechanism of the cases to be considered there exists one or more varieties of pathological abnormalities. These abnormalities in the nervous mechanism may be compared to a telephone station that is sadly in need of repair.

The insulation of the neurotic wiring may be deficient or even absent. Some of the wires may be deficient or even absent. Some of the wires may be grounded or crossed, or they may be of insufficient volume to conduct the current intended for them. The contacts and connections may be corroded or otherwise defective or possibly broken entirely. Abnormal nerve currents may be set up or induced in parallel wires and messages may be sent out over wires never intended to conduct them. A more or less general confusion may exist in the association fibers. Such a patient requires rewiring or a general overhauling in his dilapidated central office, as well as out along the main trunk lines.

*Read before Indiana State Medical Society.

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In spite of the defective and confused state of the patient's nervous mechanism, he may be able to talk or to hear or see or even to walk in a spastic way. Talking is usually defective, almost inarticulate and at times absent. Possibly our ear specialists can inform us as to the hearing, whether the muscles of the ear are affected in a spastic way or not. The eyes see well enough in spite of the almost constant internal strabisums accompanying most cases. The condition of mind is deserving of a word in favor of the diplegic in as much as he is often unfairly judged as an idiot.

A child with a speechless face and a head resembling in configuration that of an idiot—the erratic movements of the extremities the vacant stare and silly smile exhibiting more saliva than good sound teeth is apt to be pronounced as an idiot. As a matter of fact the child may really have a good, bright mind. A mind that is hidden in as much as it is a matter of extreme difficulty for it to express the ideas it may contain. Such a mind is not only to be pitied but must be helped in the art of expression.

Idiocy is a separate and distinct affair from spastic diplegia, and although it may accompany spastic diplegia, yet it owes its origin to other pathological lesions and represents merely a complication.

The treatment under consideration refers not directly to mental training of higher centers. It refers not to eyes nor to ears nor to any organs involving special senses. It is merely the application of common sense principles that have been found efficacious in correcting spastic deformities and education of muscular movements.

The whole subject of treatment under present consideration may be discussed under two headings, namely, correction of deformity and muscle training.

The correction of deformity must necessarily precede muscle training if any rapid progress is desired. The adduction and flexion of the thighs must be overcome and the flexed knees, wrists and elbows must be corrected. The talipes equinus with varus and cavus tendencies must be rectified. In fact the entire patient even down to his awkward thumbs clasped beneath the index fingers require correction, so that in administering muscle training the muscles may have normal ranges and normal possibilities for movement.

The correction of deformity involves two essentials, surgery and braces. The surgery is insignificant and the braces are paramount. The entire subject of surgical treatment is restricted to surgery of the tendons. Some cases require no surgical attention at all. The braces attend not only to the correction of the deformity, but also play a most important part in muscle training.

As a general rule tenotomies are performed only upon tendons whose muscles are decidedly over active in their spastic effort not only to create deformity but also to increase deformity. Tenotomies serve to good offices. They lengthen the already shortened tendons, and by virtue of the increased length the total contracting junction of the muscle becomes less efficient as a deformity creating or deformity maintaining element. A reduction of the deforming influence is of course commendable.

The splicing of tendons (that is the shortening or elongation of tendons) is an important surgical procedure in some cases.

The ultimate result of such splicing depends upon the cleverness of the surgeon's detail and technique and upon his ability to judge the quality of spastic muscle. There are many muscles that take care of themselves during brace treatment and require no surgical attention.

A novice is apt to be too free with his tenotome right at the beginning of treatment. He should wait awhile. He should try muscular tension thoroughly first and then try it again. Often the tendon achiles presents a most beautiful excuse for tenotomy, the same tendon may iron out beautifully if not touched by a tenotome at all. There are other prominent and easily accessible tenotomy temptations that fade away under the application of scientifically constructed braces.

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Transplantation of tendons has its proper place in correction of various deformities, but whatever the motive may be in tendon transplanting the result frequently happens to be that of staying a joint rather than increasing its movement. For example, the flexed knee may have one or more complete or incomplete portions of the hamstring tendons advanced by silk sutures to attachment with the extensor tendon in front of the thigh. When the biceps muscle receives a neurotic impulse to contract a portion of its contraction force is artificially transformed from flexion into extension and a single nerve impulse results in a muscular effort to extend and flex the knee joint at the same time. This dual purpose retards rather than facilitates muscle training.

Tendon transplanting if ingeniously done is very nice and very clever surgical work, but it rarely contributes much good to the ultimate result in spastic diplegia.

The correction of deformity by braces depends upon having ingeniously devised appliances that not only overcome spastic movements but also overcome all spastic deformity that is maintained by the spastic contraction of muscle. These braces are merely surgical tools designed to fulfill certain specific purposes, and when they have accomplished their purpose they are set aside and new surgical appliances go forward with the new conditions that are presented, and this process is repeated time after time until all deformity is conquered and permanently subdued.

An actual description of these appliances could no more be described in the time so kindly allotted to this paper than could the tabulation of conditions that would decide when it was time to cast aside one set of braces and apply a new set. Consequently it is hoped that the inference that these appliances are efficient may be substantial.

The deformities in spastic diplegia are secondary to muscle contraction. Lack of muscle balance is the excuse for deformity. Continued muscle strain is the cause of deformity. The developmental feature of hard bundles of spastic muscle tissue depends upon the rule that use is essential to growth. Upon this common sense principle the blacksmith's arm is developed. Upon this same principle the treatment of spastic diplegics is to depend in so far as muscle training and muscle development are concerned.

In spastic diplegia certain groups of muscles simultaneously receive nerve impulses to contract, and whether these muscles work in conjunction or in opposition it matters not. Those muscles, which by their superior strength or superior leverage, decide the direction of motion. The inferior muscles merely offer resistance.

If an untreated spastic diplegic be held in vertical position with feet touching the floor his muscles receive contracting orders from his neurotic mechanism and instantly his thighs adduct, rotate inward and become partly flexed upon the pelvis. The abductors, external rotaters and extensors also contract, but the balance of power is not in their favor and the resulting motion is evidence that they merely offer resistance to a greater force. Suppose all of the joints and all of the possible movements be impeded or actually prevented by an efficient brace and the patient be placed upon his feet in vertical position. Instantly the same contracting impulses are sent out and delivered. The same muscles contract but there is no motion. The braces prevent the motion.

Now suppose one hip joint be liberated only for flexion and extension. A general neurotic order for contraction of muscles will result in flexion only. Flexion will remain until the spastic contraction weakens. Then the foot will drop to the floor. By repeated efforts a selective type of contraction producing movement is established, and becomes a voluntary and controllable act. If the patient be requested to get his foot to the floor quicker than gravity will accomplish it, he will fail in his first efforts, but in time he will bring his foot down with a "bang." He has then learned a good lesson. He has at his command flexion and extension accomplished in spite of other muscular impulses. These two movements are to be perfected by continuous repetitions. The foot is to be swung backward and

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forward time after time. Brought forward and held forward. Brought backward and held backward.

Then lock up this hip and educate the other hip. Then lock both hips as to their flexion and extension and teach them adduction and abduction. Later teach them in and out rotation. Then take up one joint after another until all are educated.

The developmental process of both muscle and nerve is singular and successful. These hopeless, helpless appearing creatures learn to control their muscles. They learn to walk and they learn to talk and both lessons they learn well. The use of drugs and good hygienic conditions of course have a proper place in the treatment, but your kind indulgence will not be further imposed upon.

A REVIEW OF SOME OF THE VARIETIES OF ALBUMINURIAS.

By J. W. Crismond, M. D., Anderson, Ind.

It is no mean waste of time when applied to the review of a subject that has for its purpose a clearer elucidation of some of the causes and effects of albuminuria.

The clinical value derived from a knowledge of their various causes or origin, will prevent us from making mortifying diagnostic errors, in assigning to the presence of albumen in the urine important significance which does not belong to it. And, again, it will teach us to place the proper value to its presence.

Albuminuria is present in the urine in many conditions of the system, and in some instances its pathological bearing is of great significance. Whenever its presence is manifested in any morbid condition, its clinical value should be ascertained.

The clinician will add to the clinical data his chemical and microscopical findings, scrutinizing and comparing the value of each, especially the revelation of the instruments of precision, to determine with accuracy the relation of each to some pathological condition.

To perform this task satisfactorily, the physician must be thoroughly equipped in the knowledge of the causes pertaining to the various forms of albuminuria; also he must possess more than superficial skill in clinical, chemical and microscopical technique. He must have a practical knowledge in the use of instruments of precision and also he must possess a comprehensive knowledge of the pathology of albuminurias.

The dicta of Roger, Purdy, VonJaksch, Osler and many other honored names of the medical profession, should be the morning, noonday and evening chimes, pealing forth in dulcet notes their golden truths.

Roger has declared: "The study of the urine, in reality, should never be passed over; it affords the physician indications of the highest importance."

The late Dr. Purdy wisely said: "Wherever in the economy pathogenic processes seriously disturb nutrition or normal metabolism, the results are recorded in the urine, because the urine more eminently than any other secretions, represents the equation of these changes."

VonJaksch calls attention to the fact that "serum albumen in notable quantity is never found in healthy urine."

Dr. Osler asserts that "albuminuria frequently occurs in men in the fifth and sixth decades and is not always serious."

Musser affirms: "Albuminuria is of common occurrence, but can not ever be looked upon as a normal constituent of the urine, though its presence by no means indicates disease of the kidneys."

That this is true is evidenced by the appearance of albumen in the urine of certain individuals after protracted mental effort or excessive muscular exertion, and in some individuals this is especially so, after ingestion of certain kinds of food.

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In subjects of this class applied prophylaxis will often prove the wisdom of the old adage, that "An ounce of prevention is worth a pound of cure."

The source of false albuminuria is attributable to several causes, such as blood, pus, or both, or albuminous fluid, emanating from some portion of the urinary tract below the kidneys.

Then, again, it may find its origin in venous stasis, mechanical or chemical irritants, or it may be due to traumatism, the result of passage of renal calculi, abscess, benign or malignant growths.

The febrile form of albuminuria is a sequel of many infectious diseases, and is attributed to prolonged hyperpyrexia, increased blood pressure and the resultant changes in the constitution of the blood, which so interferes with the diffusibility of its albumen as to permit it to pass into the renal tubes. The most notable fevers that favor albuminuria are typhoid fever, variola, erysipelas, rheumatic fever and the fever that results from vaccination, pneumonia, diphtheria and acute tonsillitis.

Gouty subjects, especially elderly persons, are prone to albuminuria. The urine of such persons are usually dense and contains an excess of urea and toxines which interferes with the plasticity of the serum of the blood.

The albumen is sometimes doubtlessly due to the irritating effect of crystallized uric acid in its passage, wounding the epithelial cells of the tubules.

It has been demonstrated that the albumens of the serum has been considerably diminished in severe anemias, but in most severe infectious diseases they are but slightly reduced and bear a fairly constant relation to the other solids of the serum. However in all degeneracy of the blood plasma, from what cause so ever, especially such, for instance, as dysemia and hematodyscrasia, hematogenous albuminuria is ever present.

Adolescence and cyclic form of albuminuria are chiefly interesting because of their history rather than any pathological importance that attaches to them.

Adolescence albuminuria, as its name implies, is a condition met with in youths, with a predilection for the masculine gender. Its pathological significance is but small moment, unless the quantitative output is large, or of protracted duration. Attention should be directed to the heart, nervous system and diet.

The cyclic form of albuminuria is intermittent and paroxysmal in its behavior. Its remote cause is to be found in a peculiar neurosis that manifests its disapproval of a breach of a physiological law, by bringing about a temporary change, under stress of nervous excitation, in the vascular walls so as to permit the transudation of the albumen. The immediate cause lies in disobedience of physiological law; such as irregular hours of rest, intemperance in diet and drink, excessive venery, giving away to passion, excessive intellectual work, grief and inordinate worry.

The most interesting and important pathological factor that is responsible for albuminuria is some one of the many cardiac lesions.

It is here that grave error is liable to intrude itself in the diagnosis because of the presence of albumen in the urine. Of all the forms of albuminuria, this one is the most frequently met by the physician, and it has been the bone of heated contention from a diagnostic point of view, as to which one of the two organs, the heart or the kidneys, were the seat of the disease. Nor need there be any surprise because of such dissension when we consider along with cardiac lesion comes apace renal involvement, in many instances.

In closing this article we wish to call your attention briefly, and in a very casual manner, to some of the less frequent and of minor important causes of albuminuria.

These causes include any substance or condition which might bring about a temporary or a permanent change in the constituents of the blood. The cause may be local in effect or systemic and general in its action and effects, such, for instance, as the pressure due to pregnancy, compression of a limited vascular area by tumor, etc., grave anemia, leukemia, scurvy, mercury and syphilis.

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A Derelict*

(Contributed)

Yes, your honor, 'tis granted I'm feeble,
I'm decrepit and aged and gray;
You may say that I'm indigent, lonely,
That I'm lame—I'm the sport of decay;
That I frequent the haunts of the hobo,
That I've, sometimes, been known to imbibe
Of the bowl that both cheers and destroys us;
But I'm not of the Ishmael tribe.

Now, the day is far gone when our country
Accepted the off'ring I gave,
Then I marched with the virile at twenty
And fought with the brave 'gainst the brave.
Yes, I know, judge, you look with abhorrence
On this derelict object, so low;
But I've sung, in my heart with old Virgil
In his *"Arma virumque cano."*

Once I led, sir, the blooming, sweet maidens
And my masterful boys through the maze
In their struggles with Caesar and Virgil,
Or, with Horace and Sallust. Through days
Of delight and of toil we have wandered
Where old Pliny and Cicero led—
But those days are long past, now, your honor,
And I *loiter,* the officers said.

Envoy

I have felt, sir, the sting of the law's condemnation,
When my deeds and my conscience were spotless of blame;
For, I knew not 'twas crime to be aged and helpless,
Or, to seek independence, though halting and lame;
Yet, I hold not you wantonly did an injustice,
Or, maliciously smirched a defenseless old man,
For, as soon as you knew that injustice was meted
You wiped off the record and lifted the ban.

—W. Byford Ryan, M. D., Indianapolis

*This description is one of an old man, formerly a soldier, and a university graduate who had seen better days and some of his old acquaintances found him among those caught by the police dragnet as his name was called in the Indianapolis Police Court.—Editor.

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EDITORIAL

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POSTPONEMENT OF DEATH.

The man of 60 is not in all respects equal to the man of 30, but to adopt a life of retirement means to put one foot in the grave. It may be well to go slow but complete rest results in rust and partial or complete death soon follows. The retired millionaire is always in a sea of trouble, while the man less fortunate in the possession of this world's goods is passing along life's journey fairly well. A large per cent of men who take life easy because their money will permit such a course are valetudinarians and prone to be chronic grumblers. Such a state of affairs continues for a time and the groundwork for premature decay is formed from which there is no escape. Let activity be entirely abandoned by the man who has just passed the meridian of life and the uselessness of some portion of the body will soon be manifest and other regions must do its work. Lung and joint tissue unused for a long time may be recognized as unnecessary and hence nature gives it perfect retirement or its inactivity may result in impairment by disease and as a rule, once lost, forever lost. If the mind and other organs of the body are kept employed equal to their competency the life of many men would be prolonged. The man who lives a life of ease after he has accumulated wealth generally has cast his die and shortened his life's allotment.

It is true that psychologists and physiologists are repeatedly discussing life and its problems and some of their deductions may seem vague to us and none seem more strange than the possibilities of the will-power. Such subjects in the light of the fanatic or pseudo-scientist are positively trash, but when they appear within the bounds of medical science they are, to say the least, worthy of perusal. For instance, the Literary Digest, in reference to the prolongation of life by will-power, says that few things, not even the postponement of death, are beyond accomplishment by "the forceful will in full concentration" is the belief of Jean Finot, writing in La Revue (Paris). Psychology, in his opinion, must henceforth enter into investigations of life and its problems, on an equal plane with physiological research. By the working of the will, he explains, to his own satisfaction, the miracle-cures of Lourdes, the psychopathic ecstasies of Louise Lataud, and many other so-called manifestations of superhuman power. The comparatively recent discovery of the vaso-motor nerves has placed auto-suggestion, we are told, well within the bounds of tangible medical science. Says Mr. Finot:

"The forces of our soul, properly directed, can render us wonderful service in the matter of prolonging life. Auto-suggestion—the power of will used with conscious effort to a given end—can prolong

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life. Auto-suggestion, improperly directed or abused, shortens life. On reaching a certain age, with a long record of shattered ideals behind us, we voluntarily . . . give way to the overwhelming idea of approaching dissolution. We lose confidence in our strength and powers. Under the pretext that old age lies heavily upon us, we adopt sedentary habits and lead idle lives. By degrees the blood becomes vitiated; tissue refuses to recreate; the body becomes a prey to all kinds of illnesses to which inactivity has pre-disposed the system. Old age, in fine, comes upon us, long before it is due, and solely because we have abused our powers of auto-suggestion."

What, then, is the remedy? In plain language, to live by auto-suggestion, not to die by it. Goethe clearly states the case when he says that "man can command nature to eliminate from the body all matters that cause him suffering." Negative action, however, will by no means suffice. We must stock our minds with active beneficent auto-suggestions and direct them in their proper channels. In this connection, Mr. Finot cites the case of an English hypochondriac whose physician had resorted to every known remedy without effect. Finally, as a desperate measure, the patient was ordered to have his sitting and bed room walls plastered with the legend, "Oh, I am so jolly!" And, in a short time, he became a sound man mentally and physically—clearly, a victory for auto-suggestion.

Mr. Finot lays down these specific injunctions. Reflections on the shortness of life are obnoxious; one must remember- rather, Seneca's famous dictum that not so much the shortness of time as the amount of it that we dissipate, is of consequence. A rational use of the functional organs is insisted upon, from early youth, with the rejection of all depressing ideas, and the conviction that the body possesses a real power of resistance to the invasion of time. We should also acquiesce in the Hegelian principle that there is much good in what appears to be bad, if only dispassionate reason be given full play. Above all, work is necessary, without which, as the sage of Weimar says, no man is free. Theoretically, Mr. Finot says, life can be shown to be equal, potentially, to a one-hundred-and-fifty, or even a two-hundred-year span. Even practically, he thinks, the potential span of life is much greater than people dare imagine. In a consideration of the "age of retirement," which is generally—and absurdly—placed at 60, he says that when men retire at that age from active life, the result is that active life begins to retire from them. The critical period of old age, he finds from a comprehensive study of mortality statistics, lies, under actual conditions, between 80 and 85. If a man can weather this crucial lustrum, the odds are in favor of his reaching, or exceeding, the century limit. It frequently takes a man, he asserts, eighty years to acquire a full knowledge of the capacities and caprices of his organization, under the present conditions of knowledge. Auto-suggestion, however, makes the body subserve the interests of the mind. Nature has created poisons; she has also created antidotes.

ROCKEFELLER'S MEDICAL BENEFACTIONS.

Rockefeller is just now in the limelight and it will be of interest to note what he has done for medicine.

He has given away 70 per cent of his Standard Oil income to public objects, the amount reaches $102,055,000. Those particularly applied to medical interests are: University of Chicago, $21,400,000; Rush Medical College, $6,000,000; Intitute for Medical Research, $2,000,000; Harvard University, $1,000,000; Johns Hopkins, $500,000; Indiana University, $50,000; perhaps some of the miscellaneous gifts not itemized might include some under this head, the amount prior to 1892 was $7,000,000. Mr. Rockefeller could not do better than endow several large hospitals.

CLINICAL DIAGNOSIS OF ARTERIAL SCLEROSIS.

Probably one of the most interesting articles upon arterial sclerosis in which special reference is made to the clinical diagnosis, is by Daland and appeared in a recent number of the Monthly Cyclopedia of Medicine. However, the author omits

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the information obtained by the ophthalmoscope, the Riva Rocci blood-pressure apparatus, the sphygmograph, etc., but gives a reason for it. So clearly are the facts set forth there is no room for a misinterpretation and many are worthy of emphasis.

The author differentiates clinically between (1) the normal thickening of the arterial wall which occurs after the age of forty years; (2) atheroma which is so characteristic of the aged; (3) arterial spasms from any cause. Pathologically, the cause of syphilis is easily determined but clinically, if a history is not given, it is difficult. The arteries are palpated, urine and heart examined, the radial artery furnishing the most valuable information, yet the occasional anomaly of this artery should be borne in mind. The causes of arterial spasm (generally in the young) are shown to be (1) acute uremia occurring in the course of acute parenchymatous nephritis; (2) certain cases of acute intestinal toxemia; (3) certain cases of irritant or chemical poisoning. Dr. Daland says:

In palpating the right radial artery it is important to stand upon the right side of the patient. The arm should be slightly flexed; the hand of the patient should be closed by the right hand of the examiner and should be moderately pronated; the tips of the index, middle, and ring fingers of the left hand should be brought into contact with the radial arteries as near the wrist joint as possible, and the hand of the patient should be gently flexed and extended until that position is discovered in which the artery is most accessible to palpation. The vessel should then be examined to discover whether it is more superficial than normal, which is a common characteristic of sclerotic arteries. The course of the artery should also be observed, as in advanced cases this vessel, because of its abnormal length, describes a curve instead of a straight line. The finger-tips should then be passed to and fro, parallel with the long axis of the artery, so as to recognize irregularities or the so-called rings that are characteristic of atheroma with calcareous deposits. Gentle pressure, varying in degree, should then be applied in order to estimate the resistance of the vessel to a compressing force. When the lumen of the artery is filled with blood under high tension, it is sometimes difficult or impossible to determine whether the increased resistance to the finger is due to this cause or to sclerosis, in which event the ring finger should be pressed firmly against the artery until the pulse can no longer be felt by the index or middle fingers, which indicates that the vessel is empty. The empty vessel may then be gently rolled under the index and middle fingers, and if the wall is distinctly palpable, as it is pressed against the flat surface of the radius, it usually indicates an abnormal thickening or sclerosis, if the individual be less than forty years of age. In the beginning it is more satisfactory to employ both hands in this procedure, until, by frequent repetition, the necessary skill is acquired by which it may be accomplished in the manner described. When both hands are employed the arm may be allowed to rest upon a convenient support and the index and middle fingers of the left hand should so compress the artery that the pulse cannot be detected in the distal portion of this vessel by the palpating fingers of the right hand. This permits the examiner to more easily concentrate his attention upon the results obtained by the palpating fingers, in order to determine the presence or absence of sclerosis.

This same method is applicable to the examination of the left radial artery, in which event, however, the patient should be approached from the left side and the patient's hand should be held by the left hand of the examiner and palpation performed by the index and middle fingers of the right hand. One skilful in examining the pulse and artery truly possesses the tactus eruditus.

It is obviously necessary that the skin covering the tips of the fingers should be thin, warm, and sensitive, and the nails properly trimmed. If the fingers be cold, tactile sensibility is benumbed. Occasionally, when sclerosis is marked, the radial arteries may be traced upward as far as the juncture of the superior and the middle third of the arm.

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The radial artery is best located, anatomically, for the determination of sclerosis, because (1) of its ready accessibility; (2) its usual superficiality; (3) its mobility; and (4) its relation to the flat surface of the radius, giving an unyielding surface against which it may be pressed. This artery may be called, diagnostically, the "artery of sclerosis."

The procedure already described may, in suitable cases, be applied to the following arteries, which are named in the order of their availability for diagnostic purposes: (1) the temporal; (2) the carotid; (3) the brachial; (4) dorsalis pedis; (5) femoral; and (6) abdominal aorta.

A relationship exists between arterial sclerosis and the left ventricle of the heart, for the reason that the work of this hollow muscle is increased directly in proportion to the amount of sclerosis, which increased work, under ordinary circumstances, induces a corresponding or compensatory hypertrophy. In moderate or well-marked examples of arterial sclerosis, the physical signs of hypertrophy of the left heart are usually discoverable, i.e., a displaced and more forcible apex beat, occupying a larger area, and not infrequently found below or slightly to the right of the left nipple line, an enlarged area of cardiac dullness, chiefly towards the left, and an exaggeration of the first sound, the amount depending upon the degree of arterial sclerosis and the integrity of the myocardium. In advanced cases dilatation of the left ventricular cavity permits the development of the systolic murmur of mitral insufficiency. The aortic second sound is usually accentuated, as is also the second sound heard over the apex. When the blood-pressure is low the aortic sound may not be accentuated, but as a rule hypertension is present. When the other causes of left ventricular hypertrophy are excluded, the phenomena described are not only diagnostic of arterial sclerosis, but the amount of cardiac change, in certain cases, gives some idea as to the degree of arterial sclerosis.

In certain cases of slight, moderate, or even advanced arterial sclerosis, the study of the urine gives no information of diagnostic importance. In many cases of marked and especially advanced cases of arterial sclerosis, the renal vessels participate in the general process of sclerosis to such an extent as to greatly impair the integrity of these organs and permit of the transudation of albumin and the appearance in the sediment of tube casts, chiefly of the hyaline variety. It must not be forgotten that the blood-vessel supply to these organs is so rich, that their shape and appearance are preserved if the vessels are injected and all remaining structure removed.

In this country the causes of arterial sclerosis, in the order of frequency, are as follows: (1) excessive muscular work; (2) alcoholism; (3) syphilis; (4) excess in food, especially of the nitrogenous variety; (5) gout; (6) intestinal toxemia; (7) uremia; (8) excessive mental work, especially in those possessing a neurotic temperament; (9) various infections, such as rheumatism, chronic septicemia, typhoid fever, etc.; (10) plumbism; (11) nicotinism; (12) long-continued excess in fluids; (13) congenitally weak vascular apparatus, (a) syphilis, (b) offspring of senile parent or parents, (c) unknown causes. Combinations of these causes are not infrequent, especially syphilis, nicotinism, and alcoholism with excessive muscular or mental work.

Clinically, the discovery of an important cause of this disease, which has exerted its influence for a considerable length of time, would lead one to strongly suspect the existence of arterial sclerosis.

DR. J. N. McCORMACK AT INDIANAPOLIS—SOME POINTS IN HIS ADDRESS.

An address was delivered in the assembly room of the Board of Trade building, October 8, by Dr. J. N. McCormack, of Kentucky, organizer of the American Medical Association. The appearance and earnestness of Dr. McCormack establishes a confidence with his audience. He gave a practical talk in a conversational tone, now and then reaching a higher pitch to emphasize certain points. About 300 persons were present, one-fourth being members of Indianapolis

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Medical Society. The object was to bring the public at large in closer touch with the medical profession and effecting medical and sanitary reform. Most of the address consisted of information for the laity. The speaker said that there should be a better feeling among physicians themselves and that they should live in closer unity. The black cloud of envy and jealousy extends from Maine to California and from the Lakes to the Gulf. This must be eradicated; if a physician talks ill of another physician to his patrons, he should be discharged and the other physician employed, because he would be the better of the two. The subject of the Spanish American War was discussed and it was shown that the medical officers were unjustly blamed for the high death rate. The opportunity was accepted to insist upon the eradication of preventable diseases. The people should be so educated that proper support can be given the state and city boards of health. A compliment was paid to Dr. J. N. Hurty, and incidentally it was said that his salary should be one hundred thousand dollars per annum.

Dr. McCormack said that the people were not acquainted with the amount of charity work done by the doctors; every day hours are spent in hospitals, tenement house districts among the poor, without price, rendering the same service that the rich obtain. In many instances doctors are poorly paid and are on the border line of poverty. In a neighboring state a recent investigation indicates that fifty per cent do not pay the doctor and never intend to. In fact, the doctor attends God's poor, the devil's poor and the poor devil. In reference to medical society meetings the point was made that a family should know if their physician attended these meetings where he can study medicine, and if he does not, he is less competent to administer in case of sickness.

Dr. McCormack gave a concise history and condemned certain fraudulent outrages as a class of preachers who indorse worthless nostrums; druggists who treat diseases of young boys, and alleged Christian editors who print piety on one side of the sheet and fraud on the other. Some patent medicines, many of which were mentioned, contain from 18 to 44 per cent of alcohol. These were condemned, and Dr. McCormack said: "I am not a prohibitionist, but I do not believe that alcohol should be used in the cure of disease, for I do not believe in a remedy that kills one thousand persons to one that it cures."

Those who were absent from the meeting missed a sound, earnest, conscientious and practical talk from one who knows. Attorney W. L. Taylor introduced Dr. McCormack and also made a ringing medico-legal address later in the evening, saying what he would do if he had the power. He did not say as Governor of Indiana, but implied as much, and it is understood that he is an avowed candidate for the nomination.

NATURE'S PATCHWORK QUILT

My mother's careful of our clothes, and never lets things waste,
She rips and turns and makes them up the latest style and taste;
And when they are too old for that,—why, what do you suppose?
She cuts some up for carpet-rags, and some for dolly's clothes!

That's just like Mother Nature: When the clothes the trees have worn
Have lost their brighest colors, and are getting dull and torn,
She lets the gay wind toss them off, and then, where they are spilt,
She lays the leaves together for a handsome patchwork quilt.

It's not a patchwork pattern, but it's prettier by far
Than those they call "log cabin," or the "rising sun," or "star;"
I'm sure the cold earth's very glad to feel, so warm and bright,
Old Mother Nature's patchwork quilt spread over it to-night!

—By Annie Willis McCullouch, Delineator

A DELICATE POINT.

"Can it be true that you prefer your cook to your wife?"

"Well, it's a matter of taste."

—The Delineator.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

A PLEA FOR THE SEXUAL PROTECTION OF YOUNG BOYS.

Dr. Joseph E. Morrow, of Indianapolis, calls our attention to the importance of the following excerpt from a paper by Eugene Fuller, M. D., in Am. Jour. of Dermatology and Genito-Urinary Diseases, declaring that his experience bears out Dr. Fuller's statements:

"The community at large is naturally alive to the importance of the protection of girls, but the fact that boys of tender years can be exposed to dangers from sexual assaults has received little or no attention, even from the medical profession. Physicians in the employment of societies of a reformatory or charitable character, dealing with children, often encounter cases of venereal disease among young boys and it is sad to have to be convinced also from this evidence that unnatural vice, whereby boys are made the victims, is on the increase in this country. These questions, although of much importance, will not here receive attention, the object of the paper being to call attention to another class of evils.

In my clinics and practice it is not uncommon to encounter young men of an average of 25 so wrecked nervously and mentally that they can at best barely support themselves by their own exertions, whereas, in most instances the story is that they can not apply themselves sufficiently to follow any employment. It is generally found that any degree of sexual excitement seems, in the patient's opinion, to aggravate the nervous and mental symptoms complained of. Sexual power has, as a rule, been so much impaired that sexual intercourse is impossible, or at best very imperfect. There is more or less mental confusion, lack of initiative, bashfulness, difficulty in suppressing emotion, shyness and melancholy. The surgeon's first impulse on seeing such a case might be to class it as one of congenital weakmindedness associated with masturbation, and to turn it hurriedly aside as incurable, and consequently uninteresting. Many cases, with these general symptoms, do belong to that class, but there are others that do not, and it is these others that now demand attention. In this latter class it will be found from an investigation of the early clinical history that the patient as a young boy was strong, mentally alert and, as a rule, good looking and generally attractive.

At an early age, ranging from 11 to 14, there will be a history of the commencement of sexual intercourse, a mature woman having been the offender and instigator of the practice. It will be further learned that the woman, for her own gratification, taxed the boy excessively and over a considerable period. The injurious effects of thus taxing the sexual function before puberty may not in the clinical history immediately show themselves. But it will be found that the boy, as he approaches puberty, will have become dull and apathetic in his studies, and of uncertain stamina mentally. There may or may not be a history at this time of some masturbation. There may be a story of some sexual indulgence at a later period, but by the time the age of 21 is reached sexual desire and force is, as a rule, pretty well lost, or if not sexual attempts or excitement are usually found to be so disturbing mentally and nervously as to cause the patient to shun, if possible, both these conditions.

On making a local examination in these cases I have generally found the penis and testicles fairly and perhaps well developed. On a digital rectal exploration the prostate will feel normal. The seminal vesicles, however, will appear small and the tissue in the post-prostate space

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about them more dense and inelastic than normal, even suggesting a condition approaching sclerosis. It is evident, in my opinion, that the seat of trouble in clinical instances of this class lies in the lesion found in connection with the seminal vesicles and the cause for the lesion has been the sexual tax to which the seminal vesicles were subjected in the patient's childhood. At that time the repeated sexual acts caused an inflammatory reaction to be developed in the seminal vesicles and the resulting exudates becoming organized into fibrous tissue the seminal vesicles, bound down by adhesions, have only partially developed.

The outlook for cases of this description is naturally dreary and up to the present time no treatment has shown any especially encouraging results. When a case of this description is seen and understood it naturally serves a good purpose as a terrible object lesson, and so may do good in protecting other boys from similar sexual injury. As, however, acts of this description are carried on most secretly, and as women practicing in this manner on boys do not, as a rule, belong to the low or abandoned class, the evil being done is rarely discovered at the time, and, in fact, generally becomes first known years afterwards, being brought to light while the patient relates his clinical history." RYAN.

RENAL ORIGIN OF PERMANENT ARTERIAL HYPERTENSION.

Ambard reviews the various types of arterial hypertension and the mechanism of its production. He is convinced that an exclusively mechanical hampering of the kidney secretion is the cause of the various types of exaggerated arterial tension encountered in the course of nephritis. When this mechanical hampering is variable the arterial tension varies with it, and when it is invariable the hypertension is invariable. The variable effects of retention of salt in the different types of nephritis are like an experimental demonstration of the part played by the kidney in the production of arterial tension. The fact that primary arterial hypertension seems to exist in certain cases due to the presence of an unsuspected nephritis not accompanied by albuminuria, revealing its presence only by this mechanical interference with the kidney secreting function. It may be compensated by the increased arterial tension so perfectly that the existence of the nephritis is rendered dubious. Careful investigations of the permeability of the kidneys and autopsy of individuals of this category, dying accidentally, reveal the latent nephritis. In conclusion he remarks that the more one examines in detail these cases of permanent hypertension, the more convincing are the findings to the effect that there can be no permanent arterial hypertension without nephritis. CURRAN POPE.

CANCER OF THE BREAST.

Haggard, in the September Southern Practitioner, presents "The Factors Which Influence the Permanence of Cure in Operations for Cancer of the Breast." He claims that cancer of the breast is the commonest form of malignant disease met in practice. It still remains the scourge of womanhood, and unlike its twin devastator, tuberculosis, it can be early recognized and can by radical surgery be absolutely stamped out like a fire. It is not an inaccessible disease. It commits its ravages by daylight. It challenges the attacks of the surgeon and has mocked his tardy efforts from the housetops for ages. The one thing needful at the present time is a keener appreciation on the part of the profession of the necessity for early recognition, and this in turn depends on the realization and conviction that ninety per cent. of all lumps in the breast of women past thirty are or will become cancer. Thirteen out of fourteen tumors in the breasts of women past forty years are malignant. Cancer itself is at first entirely local and quite curable. Delay is the factor that renders it incurable. It is in the promptitude of detection that deliverance lies and the chance of cure diminishes with every day of delay. In every woman who dies with cancer of the breast there was a time in its beginning when it was absolutely curable. As long as eighty or ninety per cent of lumps in the breast

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are or will become malignant they are more serious than abdominal complaints and should be as carefully examined. As Rodman says, it is more important to make an early diagnosis in cancer of the breast than it is in appendicitis. Some of these cases may and do get well without operation, whereas neglected operations in breast cancer leads inevitably to the most loathsome and horrible of deaths. Women with lumps in their breasts do not understand their danger. They are afraid of operation on account of ignorance of its safety and the great probability of permanent cure in the early stages because of an unfavorable result in some friend who was probably operated on in the advanced stage. But worse, she may be illy advised by the ultraconservative physician or surgeon, who, although honest, is not keenly alive to the burning fact that the mammary lumps are or nearly always, malignant or will become so if left alone and gives the fatal advice to "come back in the fall" or "not to bother it until it bothers you." How can we ignore the advice of that ripe surgeon, Maurice Richardson, who tells us that "all neoplasms wherever situated should be removed as soon as discovered."

Rodman says "he who advises a woman with a tumor of the breast to wait is guilty of an unwarranted and censurable act."

While speaking and urging the importance of early diagnosis we must recognize our utter hopelessness in the face of delay and advanced disease.

T. C. KENNEDY.

MEASUREMENT OF BLOOD PRESSURE.

Schilling expatiates on the great difference in the results observed when the constricting band is wide. He advises the use of a band 12 cm. wide, which gives more accurate findings. The normal range is found to be less extensive than when a narrow band is used. With the Riva-Rocci and the 12 cm. band the blood pressure of the healthy adult ranged only from 110 to 125 mm. The average in 100 men was 118.1 mm. In 1,000 tests on 350 persons he found that instrumental measurement alone is reliable. Notwithstanding his wide experience, in estimating the blood pressure without the instrument, he frequently found that his impressions were far form the truth when the results were compared with those registered by the instrument. In many cases the blood pressure findings were the only clue to effectual treatment. He has sometimes derived great benefit from digitalis in cases with high pressure, the general health improving as the blood pressure dropped. As a rule, however, it is only a symptom and does not need to be treated separately. Krehl has recently pointed out that it may be merely a means of defense on the part of the organism in some cases.

CURRAN POPE.

INFLUENCE OF COLD AND HEAT ON CERTAIN AFFECTIONS.

Leonardi, in central Italy, has been studying the records of 107 cases of cerebral hemorrhage during the last fourteen years. He found that 71 cases occurred during the three coldest months and 23 during the three hottest months, while only 15 were observed in fall and spring. This fact, in connection with others which he cites, he thinks, demonstrates that the visceral congestion during cold weather is responsible for the hemorrhages. The blood is driven away from the periphery; it accumulates in the right heart, with consequent enlargement of the vessels and tendency to rupture. During the summer the blood is drawn to the periphery, and the heart is overtaxed. The brain is a peripheral organ, and consequently the congestion in its vessels is liable to entail rupture. The extremes of the season thus have the same effect, but by a different mechanism. The gastro-intestinal tract also suffers in the same way, the visceral congestion in winter and the anemic condition of the viscera during the summer causing disturbances. The result of each is identical, that is, abnormal digestive functioning, and the presence of imperfectly digested food in the alimentary tract, entailing autointoxication and consequent nervous depression.

CURRAN POPE.

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A SUMMARY OF 1,000 CASES OF APPENDICITIS, WITH OBSERVATIONS ON DIAGNOSIS.

George Crille, Cleveland, Ohio (Cleveland Med. Journal, August, 1907), states an acute abdominal pain, a rise in temperature and tenderness over the appendix, with associated referred pain are sufficient evidence to warrant incision. If, in addition, there is nausea and vomiting, rising leucocytosis, a history of previous similar attacks, and no evidence of other acute disease, the diagnosis of appendicitis may be considered certain.

The typical cases are those that make a diagnosis difficult. The writer groups these cases as follows:

(a) Acute infection of the appendix with minimum local but maximum systematic manifestations, early complicated by bacteriemia. The importance of correct diagnosis in these cases lies in the avoidance of operation.

(b) Appendicitis appearing in the course of other diseases or local disturbances.

(c) Altered anatomic relations of the appendix.

(d) Cases first seen when late complications are present.

(e) Chronic appendicitis.

Under each heading the writer cites many interesting and perplexing examples of personal experience.

In the discussion of the diagnosis of appendicitis special attention is called to one group of symptoms, which is of more value than any other and which assists in determining the differential diagnosis in many cases. This is the head zone of referred pain and hyperesthesia. The appendix itself when diseased does not as a rule cause local pain, but the pain is referred to a distant portion of the abdomen. This is explained as follows: The nerve supply of the appendix has a connection with definite segments of the spinal cord. This is in close relation with the origin of the sensory nerves arising from these segments. The impulses set up by injury or disease of the appendix pass up to and spread over the centers of the sensory nerve supply, causing radiation of pain over part or all of the abdomen. When the appendix is actively inflamed hyperesthesia may be found in a zone bounded by the middle line, Poupart's ligament, and the crest of the ilium. Sometimes, in addition to this zone of hyperesthesia, there may be another zone extending toward the back on the same horizontal plane of the body. I have never observed in a supposed case of acute appendicitis this hyperesthesia and not been able to verify appendicitis at operation. Furthermore, in any case of appendicitis, be it acute, subacute, or chronic, if one carefully presses upon the appendix and asks the patient whether he feels the pain elsewhere there will in all probability be felt a pain that the patient will positively identify as the same pain from which he has been suffering. That is to say, if the patient has had a chronic pain in the upper abdomen, perhaps following meals or at irregular intervals, and has never thought of the appendix, if one presses upon the appendix and the same pain is reproduced and the patient so identifies it, the diagnosis is virtually established, and the excision of the appendix has in every instance in my experience removed all symptoms that could be reproduced by such pressure. While the hyperesthesia and referred pain when properly interpreted and carefully elicited may not be infallible, they have served in more instances than any other single symptom in controlling diagnosis. This is especially true when one keeps in mind the head zone of pain distribution in the gall bladder and ducts, in diseases of the kidney and ureter, and in diseases of the pelvis. All these various organs have a definite zone of reflexes and they do not overlap each other. In the differential diagnosis, in all the various groups of cases referred to above, I depend more upon the head zone symptom than any other single one.

CHAPMAN.

TYPHOID FEVER IN INFANCY AND CHILDHOOD.

Louis C. Ager, Brooklyn, N. Y. (Pediatrics, Sept.), determines the frequency of typhoid in infancy and childhood by the analysis of different reporters and mortality statistics. First, typhoid fever is less frequent in childhood than in

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early adult life, but the difference has been greatly exaggerated in the past. Second, as children are as frequently exposed to typhoid infection as adults, they must be in some way better able to resist that infection. This might be due to one of two causes—to a specific immunity, or to a condition in the digestive tract unfavorable to the retention and development of the bacillus. So far as we know the non-nursing child has no specific immunities. There are, however, two ways in which the conditions in the normal child's intestinal tract differ from those in the adult. First, it empties itself more readily. Second, in the small intestine of the milk fed child the prevailing bacteria are of the lactic acid group and the bacillus coli communis is rarely found above the colon until a general diet takes the place of milk, this difference in intestinal flora may have some bearing on the problem.

Mode of Infection.—Water and milk supply would naturally be held responsible for most typhoid infections. The pathological lesions vary widely, but as a rule they are much less marked than in adults. Extensive ulceration of the agminated glands is very unusual. In mild cases the findings are those of a single enteritis. Swelling of Peyers patches, and of the solitary follicles is not distinctive of typhoid, as it frequently occurs from other irritations of childhood. L. Helwig states that Peyers patches are fully developed at the sixth month of intra-uterine life, so the erroneous idea that infants can not have typhoid because they haven't Peyers patches is a belief of the past.

Diagnosis.—Should be considered from two points of view. From the clinical standpoint for the benefit of the patient, an early diagnosis is important. From the statistical standpoint, the essential feature is an accurate diagnosis. The period of the disease at which it is made being a secondary consideration. Widal's reaction should be applied at frequent intervals until a diagnosis is established. The diazo reaction is of diagnostic value in connection with other symptoms. It appears a day or two earlier than Widal's. Both are of little value before the second week.

Symptoms. In this connection the age is an important factor. Under three years, the disease often has the appearance of a subacute gastro-enteritis with mild cerebral symptoms. The older the child the more closely the fever approaches the adult type. Each individual finding being milder and the course of the disease shorter. Complications and sequelae should always be watched for, but they are not so frequent as in the adult.

Conclusions.—Three points are emphasized. First, the fact that typhoid in children is usually a mild disease, should never be made an excuse for not recognizing and saving the severe cases. Second, what the child will absorb out of its intestinal tract, not what the nurse can force into it, should be the sole determining factor in diet. Third, a belief in therapeutic simplicity should not be made an excuse for drug ignorance and inactivity in typhoid fever of childhood.

CHAPMAN.

THE DISPOSITION OF THE APPENDICEAL STUMP.

By Dr. Benjamin Merrill Ricketts, Cincinnati.

Read before the Mississippi Valley Medical Association, Columbus, Ohio, October 8-9-10, 1907.

This subject is dealt with from two view points:

First. The consideration of the various methods of disposing of the stump.

Second. The cause of hemorrhage and its frequency.

In response to circular letters sent to a number of surgeons, sixty-four replies were received representing 80,251 appendectomies, with an average mortality of seven and one-half in acute and one and three-quarters per cent in the chronic cases.

Eighty per cent of the total number of operations reported have been done by the four purse string methods. The number of acute and chronic cases were about equal in number.

The various per cents of different techniques used is given, also the per cent of cases in which the different ligatures and sutures of cat gut and linen were used.

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About sixty cases of hemorrhages from the stump are mentioned, forty of which are tabulated in detail, giving eleven deaths. Of the total number of hemorrhages mentioned, all but one have resulted in the purse-string methods.

The technique of each of the sixty-four surgeons reporting is given briefly. Investigation of this subject shows that many operators have abandoned the purse-string methods; that others are doing so; that simple ligature for the firm and extirpation for the soft appendix are the safer methods, and that any other than simple ligature and extirpation with linen or silk for ligative or suture should be condemned absolutely.

There are fine illustrations showing the vascular supply to the cecum, appendix and mesocolon and thirteen giving the various forms of technique.

THE ETIOLOGY, PATHOLOGY AND TREATMENT OF PNEUMONIA.

Wm. H. Porter, New York City, N. Y. (Post Graduate, 1907, August), maintains the following etiologic factors must be developed in sequencial order before a fibrinous inflammation of the lungs or a pneumonia can be developed:

First. A general lowering of the nutritive activity of the system at large taken as a whole.

Second. A lowering of the nutritive activity localized in one or the other lung, with a disturbance of the circulation in consequence of which a soil is developed suitable to the growth of the specific bacteria, which stamps the pneumonic process.

Third. Inoculation with the specific bacteria—the pneumococcus in this suitable soil.

Now we find that the injurious effects of the bacteria and their toxic products upon this particular nutritive condition result primarily in a spasmodic contraction of the congested blood vessels. This is speedily followed by a progressive expansion of the blood vessel, which progresses for from twelve to twenty-four hours. At the end of this time the physiological tonicity of the vascular wall is lost and there is a discharge of all the constituents of the blood from the blood vessels into the air sacs; and these are simply the characteristic vascular changes which occur in all true inflammations.

In the adult this infectious type of pneumonia involves the greater portion of a whole lobe or the whole lung; but in children this same pneumonic process is not infrequently limited to one or more lobules. This difference in the adult and the child led to the assumption at one time that children didn't have the same type of pneumonia as adults.

Pneumonia can not be aborted, because we have not a complete pneumonia until we have all the pathological processes at work; it is not a pneumonia until the inflammatory exudate has been poured into the air sacs; and when we have all these phenomena developed, they can not be stopped and the lung can not at once revert to its normal condition.

The important thing, therefore, to be understood and appreciated in the management of disease is the etiology and the pathological condition that we are to treat and the method of its development. Then our therapy becomes scientific and we are more certain of our result.

The direct removal or destruction of the bacteria and their toxins is largely brought about by a destruction of the soil suitable for their growth and by the development of a more active glandular excretory activity. Numerous antitoxins and antitoxin theories have been advanced for the destruction of the bacteria and their toxins and for their final removal from the system. None, however, has gained an absolutely scientific position in practical therapy. One of the latest advanced is the opsonic theory of Wright and Douglas. The exact chemical composition, however, of the opsonic substances is still an unknown quantity. The means to be employed to remove the semi-solid exudate from the air sacs can be accomplished in one of two ways—by the process of liquefaction and absorption, or by expectoration through the air passages. The great mass is liquefied and absorbed into the blood channels and then eliminated by the excretory glands. This process is accomplished through isomeric, hydrolytic and oxidation reduction

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changes. The explanation of these intricate metabolic exchanges the writer gives in detail.

The larger part of the exudation is removed by oxidation, hence the great value of oxygen inhalations and the open air treatment of pneumonia. To assist nature in the process of liquefaction, absorption and elimination some form of stimulation is necessary. The writer recommends strychnin, carbonate of ammonia, alcohol in some form, caffein, benzoic acid and camphor as the most valuable. Camphor, especially in the crisis. These are all of the heat producing variety of stimulants and the changing from one to another gives far better results than the continued use of any single one, no matter how good that one may be.

The writer is a strong advocate of alcohol in some form because of its food properties in weakened conditions and its quality to soften the pulse.

CHAPMAN.

THROWING BOUQUETS AT MEDICAL MEETINGS.

How often two-thirds of discussant's remarks are simply a laudation of the essayists. With some, an opportunity is never lost to do such things, we do not go to a meeting to hear unjust criticism of the other fellow any more than to hear undeserved or unnecessary praise. The Journal of Michigan State Medical Society expresses some views that are worth reading:

The throwing of bouquets at the average medical meeting is a conspicuous feature of many discussions. If verbatim reports were made of the impromptu remarks following upon the formal essays, how many of them would begin thus: "I am sure we all feel greatly indebted to Dr.———— for his very able paper," or "I certainly congratulate Dr. ———— upon his excellent and highly entertaining paper." The formulae differ, but we hear the same phrases over and over again and one speculates upon how much sincerity lies behind the stereotyped compliment. It is surely a pleasure to have a good essay recognized, and a timely expression of appreciation is quite fitting. But the indiscriminate showering of such expressions becomes meaningless, trite and sometimes ludicrous. Not every paper deserves these encomiums and the majority of an audience must feel that, when a mediocre essay has been given, such remarks are mere flattery and hypocrisy.

A medical meeting is no place for flattery, and while doubtless the indiscriminate praising is not intentional flattery, but a habit, yet it should be borne in mind that a man is judged by what he says. And if Dr. A. perceives Dr. B.'s habitual flattery of other men, he is suspicious when that same flattery is directed toward him. And if Dr. B. appears insincere in one respect he is readily suspected of being so in other and all respects. This is not a logical conclusion, perhaps, but it is human.

Too many words are wasted, anyway, at medical meetings. Often the preliminary compliment is expanded and elaborated, and in a discussion of five minutes the first half consists of a platitudinous volley of flattery, and the peroration is a repetition. And the gist of the remarks is sometimes hard to find, because it is entangled in a prolixity of words which serve more to obscure than to clarify.

It is not necessary to praise every medical paper that is read; universal praise cheapens itself and it becomes valueless. There are men who have contracted the habit so firmly that they never rise to speak without prefacing, and sometimes concluding, their words with fulsome laudation, regardless of the worth of the essay. In such men it is occasionally easy to suspect ulterior motives—the desire to ingratiate, the effort to popularize themselves, and the fear of criticising what needs dispute. With other men the compliments seem to be offered as a balm—a prophylactic dressing for the wounded feelings that ensue; for such men follow with ruthless attacks upon any and all points of the essay. This course of procedure seems inconsistent, if not womanish.

It must be admitted that a few graceful speakers have learned the art of adulation to perfection. Honeyed compliments flow from their lips with admirable sonority and one is almost trapped into

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enthusiasm, until it is remembered that the same man spoke in the same vein at the previous meeting and yet many previous meetings. The practice has the insidious ring of oratory, but it is usually out of place in scientific discussions, and is too readily seen through by men who are waiting for words of intelligence and reason.

There are, of course, some papers that are conspicuously good, and one would like to have them distinguished by deserved praise. But it too often occurs that all superlatives, so to speak, have been exhausted on all other sorts of essays, and the praise bestowed upon the exceptional one falls into the category of commonplace. Compliments to essayists, as to children, should be used sparingly; the wholesomeness of merited praise is soured by the knowledge that it has been scattered indiscriminately on all other occasions. Some men rarely pay a compliment; it is from them that shrewd men desire commendation. The hard-headed, cold-reasoning man of science knows chaff from wheat and his praise is dearly esteemed, because seldom given. When he rises to discuss, he speaks to the point and has something to contribute. He agrees without flattery and disagrees without parley. But the complimentary discusser can often be classed with those who have nothing to say and take long in saying it. They have little to contribute to the real illumination of the subject and keep at a respectful distance from it.

SALICYLIC ACID AND UREA DESTRUCTION.

Certain researches in reference to salicylic acid will be of interest since it or some of its derivatives are among our best agents. Mercks' Archives editorially says that clinical experience has shown that for some reason or other salicylic acid is useful in a large number of conditions which for some time past have been grouped under the general broad and uncritical heading of "uric acid diatheses." Although the work of Haig and his followers has been much spurned of late years, and probably with good reason, there nevertheless remains a substratum of observation that is in need of a more definite systematization, particularly as to the exact limitations of proteid metabolism, and the effects of deficient uric acid destruction in the body.

L. B. Stookey and Margaret Morris have thought to attack some aspects of the problem from the therapeutic side, and in a recent short contribution (Jour. Experimental Medicine, May 25, 1907) on the influence of salicylic acid upon uricolysis they have brought out some interesting and significant facts bearing on this subject.

Stookey has shown that subcutaneous injection into a dog of the liver extracts of a dog gives rise to an increased power of the liver to destroy uric acid during life. This is in line with modern pharmacological teachings as to the stimulation of the liver cells by liver secretions—gall, etc. The same author has found that the tissue of the liver, kidney, spleen, and muscles taken from dogs treated with sodium salicylate shows a rate of uricolysis greater than that found in organs taken from normal dogs.

To test their hypothesis that the salicylates will cause increased uric acid destruction, these authors injected 0.1 gm. of sodium salicylate per kilo of bodyweight for from five to ten days, and the uricolytic power of the organs taken from the treated dogs was compared with that of organs taken from normal dogs under identical conditions. These experiments all showed that the administration of sodium salicylate in dogs leads to an increased power to destroy uric acid, not only of the liver, but also of the kidneys, spleen, and muscles.

Although this does not entirely explain just why the salicylates are valuable in the treatment of the "uric acid diatheses," "gouty muscles," etc., it does narrow down some aspects of the problem and the present study is a distinctly useful one. EARP.

EPILEPSY IN CHILDHOOD.

The Charlotte Medical Journal contained an abstract from the Brit. Jour. of Chil. Dis., which is in substance as follows:

Keeling considers epilepsy in childhood as related to other diseases in the following aspects: Pathological, etiological

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familial, symptomatic. His study was based on an analysis of 150 cases and his conclusions are as follows:

The pathology of epilepsy appears to resemble in some respects that of cerebral diplegia, chorea, paralysis agitans, neurasthenia, myoclonus and migraine.

Etiologically, rickets is an important factor in the causation of epilepsy.

A variety of epilepsy, which may be termed toxic epilepsy, is chiefly gastro-intestinal in origin.

Reflex epilepsy is apparently rare; peripheral irritation probably plays a very small part in the production of the fits.

The effect of measles on epilepsy is uncertain.

Chorea is very rarely found associated with epilepsy.

Infantile paralyses, especially the congenital forms, are closely related to epilepsy.

An injury or a fright is frequently the exciting cause of a fit. Instrumental delivery may be followed by paresis with subsequent epilepsy.

Enuresis is an occasional sequela of epilepsy.

The disease known as "night terrors" is probably a mild form of epilepsy.

The three affections most frequently found in the family history of epileptics are epilepsy, migraine and alcoholism.

Migraine appears to be very closely allied to epilepsy, both in the family history and symptomatically.

The differential diagnosis between Meniere's disease and epilepsy is occasionally difficult. EARP.

TECHNIC OF EXAMINATION FOR RABIES.

The following is the gist of an article in a recent issue of the Southern Practitioner:

(1) Make thin brain smears. (2) Stain with Lofflers methylene blue 25 parts; methylene alcohol 75 parts; saturated alcoholic solution, rose aniline violent 1 part; saturated alcoholic solution neutral fuchsin 1 part; distilled water 25 parts. (3) Add a few drops of water to the stain and allow to remain on for two minutes. (4) Wash and examine for negri bodies. The whole staining process takes less than three minutes, producing just as good results as other methods which are longer and hence have a more complicated technique. The author has obtained good results from the following very simple stain recommended by von Gieson, Williams and Lowdin, viz: Methylene blue (Loffler's) 2 cc.; distilled water 10 cc., and saturated alcoholic solution of basic fuchsin gt. 3. By the use of such a stain a striking picture is produced. The cytoplasm of the nerve cells is stained light pink, the nuclei a light blue, neucleole a dark blue, the red blood cells a light yellow, while the negri bodies stain a dark red. A well stained specimen will show in these "bodies" a few very small dark blue dots. They are called chromatoid granules. The method in preparing the very thin smears so essential for good results seems to destroy for the most part the cyotoplasm of the nerve cells. So in examining by this method the negri bodies will be found scattered throughout the entire smear mostly extra-cellular, as the nerve cells have been squashed by pressure in preparing which causes the extension of the bodies. In summing up the entire paper the author makes the following statements: (1) That it is the concensus of opinion that the negri bodies are the true etiological factor of rabies. (2) That they are living organisms belonging to a class of protozoa. (3) When found in smears or sections of the nervous system are specific of this disease. (4) These "bodies" have been found in other diseases than rabies. (5) That the smear method of examining for the negri bodies offers us more rapid and reliable method of diagnosing hydrophobia than any other method yet published. EARP.

THE AILMENTS OF THE AGED.

We commend the following excerpt from a paper by W. T. Marrs, M. D., in the Carolina Med. Jour. of Sept., '07:

The uric acid diathesis and arteriosclerosis are the common heritage of most people as they travel the western slope of life. The symptoms may be protean in character, and the sufferer may have enlarged prostate with cystitis, albuminuria, glycosuria, dyspepsia, gout,

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rheumatism, or perverted function of every gland and organ in his body. Whatever the symptoms may be, the cause in the beginning was an insufficient elimination of mineral and toxic products, which in turn may have been due to a faulty metabolism.

Old age is a sort of ossifying process, a gradual change from animal to mineral matter. This is the inherent tendency on the part of nature, but is doubtless augmented by diet, habits, environment, etc. More attention directed toward the prevention of this calcifying process would perhaps very materially prolong many lives. It is an unwritten belief quite common among physicians that the man who has reached fifty may with impunity take alcohol daily in moderation. This I contend to be as untenable in theory as it is damaging in practice, and will thus appeal to any one who for a moment considers the physiological effect of alcohol, immediate and remote. Stimulating foods, drugs, and beverages calculated to raise arterial tension are contraindicated where there is an arterio-sclerotic tendency. Foods and drugs that nourish without producing stimulation come nearer meeting physiological requirements. Fruits and vegetables should be eaten freely. The malic acid contained in apples and the citric acid of grapes are very beneficial. The lactic acid contained in buttermilk is opposed to chalky formations. This acid was a few years ago heralded as the "elixir of life" for the aged and infirm. The value of drinking pure water in copious quantities can not be overestimated. Deleterious products are thus mechanically swept away as well as being in some measures diluted.

RYAN.

SULPHATE OF COPPER IN THE TREATMENT OF TYPHOID FEVER.

Dr. J. F. Stevens, Dean of the Nebraska College of Medicine, Lincoln, Nebraska, in an article published in the August issue of the Medical Brief, places sulphate of copper as the most potent algacide at our command.

"One part of copper per 1,000,000,000 suffices to destroy spiogyra. A large majority of algae are destroyed by 1 to 3,000,000."

The action of water upon copper surfaces produces a colloidal substance which is not only very destructive to algae, but under favorable conditions the bacilli typhi abdominalis yield to a dilution of from 1 to 100,000 to 1 to 500,000.

The colloidal solution is of greater potency than the copper salts. Because of its solubility the sulphate of copper proves the more actively destructive.

Hydrargyri chloridum corrosicum is but slightly more destructive to the typhoid germ than copper sulphate. Carbolic acid, thymol, formalin, napthalin, sulphocarbolate of zinc," he says, "takes low rank in comparison."

On account of its mild toxicity, and its potency to destroy the typhoid germs, sulphate of copper will prove of great value in the treatment of typhoid fever.

This is to be given in 6 per cent solution; commencing early in the disease, two drops of this solution diluted in one-half glass of water should be given hourly.

Be sure that the copper is pure, and not contaminated with arsenic. Should a sensitive, rebellious stomach be met with, reduce the dose to one drop. This will represent about one-sixteenth of a grain.

For dryness of tongue, should this condition present itself, the copper dilution may be slightly acidulated with aromatic sulphuric acid. Moderate doses of baptisia, should the breath become foul. Patients should be continued on the treatment until convalescence is well established, when the drug may be stopped and small doses of strychnine substituted.

If the pulse rate during convalescence should fall below normal, this is to be attributed to the action of the copper on the nervous system and need cause no alarm.

"When cases are seen early, before there is marked degree of intestinal ulceration, the use of large colonic flushings containing five to ten grains of copper sulphate to the quart will prove of great value in shortening and lightening the course of the disease.

The patient's hips should be slightly elevated and the solution be allowed to

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enter slowly. Two quarts should be used hourly for several days.

Should the treatment irritate the bowels, reduce the drug strength, or use once in two hours instead of hourly."

Diet in all cases he treated was, in the main, buttermilk.

At no time did he allow sweet milk to be given. Skimmed and strained soups were used, particularly tomato soup.

The juice of ripe tomatoes expressed and strained, was given to such as liked it, in quantities of from one-half to one wine-glassful a number of times daily. As the case convalesced, tapioca was gradually added to the diet.

The nurses were instructed to insist that the patient partake of goodly quantities of water.

If the tongue become dry, a few drops of diluted hydrochloric acid was added to the water.

When the temperature had been normal one week, the diet was carefully changed into semi-solid foods, and later on into the food of health."

CRISMOND.

CULLINGS FROM A STUDENT'S NOTEBOOK.

By O. T. Scamahorn, Indiana University School of Medicine, Indianapolis.

Dr. Lambert says that scorbutus occurs nearly always in the last half of first year. He recommends a change of diet; hot bath and bromides for convulsions; castor oil and irrigation for the bowels; one drachm of juice of fresh beef with the juice of an orange two or three times a week; and plenty of fresh air on bright sunny days.

Dr. Wells asserts that the periosteum, blood-vessels, cartilage and bone marrow make up the callous in a fracture.

Prof. Pohlman holds "that the egg once fertilized, is a distinct individual." Hence these deductions: that the placenta has both an excretory and a nutritive power; that the embryo is a parasite on the mother; that maternal impressions are not transmitted to embryo.

To relieve the intense itching of chronic eczema, Dr. Barnhill indorses this preparation:

Iodine (crystals)	grs. x
Phenol	grs. x
Alcohol	oz. 1

Sig.: Apply locally.

To aspiring young surgeons, Dr. Allen says that only man, orangoutang, lemming, bat and one of the rodents have an appendix.

In giving iodine by cataphoresis for goitre, Dr. Lindenmuth uses the negative pole.

According to Dr. Scherer, proteids are both tissue builders and heat producers, and the cells of the human body can not make any new compound.

In the operation for chalazion, Dr. Kahn says that the sac should be curetted and then this cavity will be filled with a blood-clot which will be absorbed in four or five days.

The treatment of the hydatidiform mole as given by Dr. Woodbury, consists of rapid delivery when labor once starts, swabbing out uterus with Monsel's solution followed by sterile water, and the administration of one drachm of fl. ext. of ergot.

Prof. Moenkhaus holds that if a man should lose one-half of his blood, he can not survive, but that if he only has a severe hemorrhage, the red corpuscles will be regenerated in six or eight weeks' time.

In pneumonia of children, Dr. Keller says that if the pause of respiration is between inspiration and expiration, it is a pathognomic sign.

Dr. Foreman says that cod liver oil is the best medicine to be used in tuberculosis if it can be tolerated by the patient.

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He gives one tablespoonful two hours after breakfast and two hours after supper. He disguises the taste by oil of eucalyptus.

Dr. Sexton states that if carcinoma of stomach is removed before the other organs are involved, it will not recur.

Dr. Earp says that among the aids to diagnosis in typhoid fever might be mentioned (1) the loss of abdominal reflex in the infra-umbilical region as shown by Rolleston. It is absent in other diseases with the exception of a few of the nervous system and appendicitis and peritonitis abdominal states. It seems to disappear in persons over 50 years even in health. Early in the disease it is prominent, then it may disappear to return during lysis. If it fails to return when temperature is falling a relapse may be expected and after its return if the fever be high it is due to other than typhoid. (2) Yellow pigmentation of the hands and soles of feet; this is especially noted in women and children; (3) palpation of ileo-cecal region almond-sized swellings parallel to the long axis of colon at end of first week, these are probably hypertrophied Peyers patches. These points, Dr. Earp said, were especially emphasized in an article written by Parker in the Bristol Medical Journal for June.

THE SYNCYTIUM.

The following are in substance the conclusions deduced from a study of the known facts in regard to the nature, physiologic functions and pathology of the syncytium by Laura H. Branson, Iowa City (Journal A. M. A., September 28). The cyncytial tissue is of fetal origin; it is in direct line from the ectoderm or trophoblast. The chorionic villi or parts of them, together with their epithelial covering, may circulate normally in the blood and lymphatic circulation of their host during pregnancy. The epithelial covering has the power to proliferate during the entire life cycle of the syncytium and Langhan's cells. The syncytium has a physiologic function, but failing in this, its pathology may be detrimental to both fetus and host. It is the prime factor in the production of a peculiar neoplasm whose histology places it in a class by itself, viz., syncytioma malignum. Recent investigations also support the view that the syncytium is the prime cause of eclampsia; it is the one cause that can meet all claims made by recent investigations and theories. Hepatic changes are the rule, not the exception, in eclampsia. Malignant neoplasms of pregnancy have an eroding action on the uterine structures; this is the nature of the chorionic epithelium covering the villi normally. Chorionic epithelium is one of the pathologic constituents of these neoplasms, and it is reasonable, therefore, to conclude that their origin is the same and that this activity continues in force in the neoplasms. E.

ATOXYL.

W. A. Puckner and A. H. Clark (Journal A. M. A., September 21), report the result of a chemical analysis of this substance made in the chemical laboratory of the American Medical Association, which showed it to contain 25.77 per cent of arsenic, 7.97 sodium and 17.58 per cent water of hydration. The percentages of arsenic in other published analyses are: In that of Forneau, 27.25, with 13.1 per cent of water, and that of Bertheim, later accepted by Forneau and by the manufacturers, 24.09, with 23.03 per cent water of hydration. The variation in the amount of arsenic in the different analyses is probably due to difference in the amount of water. Calculations show that anhydrous atoxyl contains the theoretical amount of arsenic and sodium indicated by the formula $C_6H_4NH_2AsO.OH.ONa$. Atoxyl was introduced by the medical profession about five years ago as a new organic compound by which almost unlimited amounts of arsenic could be administered without toxic effects. It has been highly recommended in the treatment of trypanosomiasis and other conditions in which arsenic is indicated. Puckner and Clark give a comparison of the dosage of atoxyl and Fowler's solution which is of interest in this connection. Since atoxyl contains the arsenic as an arsenate, while in Fowler's solu-

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tion it is present as an arsenite, the doses are compared by calculating the actual amount of elementary arsenic in each case. The average dosage of atoxyl is given as from 1-3 to 4-5 of a grain every other day, and the dose, it is stated, may be cautiously increased to as much as 3 grains daily. As atoxyl contains 25 per cent. of arsenic, the average dose every other day would contain from 1-12 to 1-5 of a grain of arsenic, while the maximum daily dose, 3 grains, would contain 3-4 of a grain. The average dose of Fowler's solution is 3 minims, three times a day, but it can be cautiously increased to a much larger amount; from 30 to 40 minims daily is not uncommon. Each minim of Fowler's solution contains approximately 1-133 of a grain of arsenic, and the average daily dose of 9 minims about 1-15 grain, while the maximum of 60 minims contains nearly 1-2 grain. While the manufacturers have been claiming that forty times as much arsenic can be given in atoxyl as in other arsenic preparations, the recommended dose of atoxyl is but one and a half times as great in arsenic content as that of Fowler's solution. E.

TREATMENT OF GALLSTONES WITH GLYCERIN.

Plautier (Journal de medicine et de chirurgie, and La Tribune medicale, June 15, 1907) recommends glycerin (pure and neutral) in the treatment of hepatic colic. He declares that (1) administered by the stomach it is absorbed by the lymphatic vessels, and notably by those which go to the hilus and the gallbladder; it can be found in the blood of the subhepatic veins. (2) Glycerin is a powerful cholagogue, and is a valuable remedy in hepatic colic. (3) A relatively large dose (20.0 to 30.0 grammes) of glycerin will frequently bring the crisis to an end. (4) A small dose (5.0 to 15.0 grammes) taken each day in a little alkaline water will prevent further attacks. (5) Glycerin, without being a lithontriptic, is the medicament par excellence in biliary colic. The small daily dose may be taken for months or years without bad effect.—New York Med. Jour.

QUININE SUBSTITUTE IN MALARIA.

Some people do not tolerate the action of quinine very well and when this is the case, use the following:

R. Fl. ext. gentiana,
Fl. ext. hydrastis, aa 3 iv.
Fl. ext. cascara, 3 ij.
Fl. ext. myrica cerifera,
Tinct. myrole comp., aa 3 j.
Calicin, gr. xx.

M. Sig. To keep a chill off, give ten drops every hour until six or eight doses are taken, beginning so the last dose will come one or two hours before the chill is due. At other times give a dose every three or four hours.—Burnett, Wisconsin Medical Record.

SHOE-BUTTON PILLS.

Dr. W. C. Farabee, of the Anthropological Department at Harvard University, was telling the students of a newly married couple.

"My dear," said the young husband, "those pills I have been taking for the last few days don't seem to help me very much."

"You haven't taken any for nearly three weeks, have you?"

"Yes, I haven taken one three times a day according to direction."

"That seems rather strange, because there is as many pills in the box now as there was three weeks ago. What box have you been taking them from?"

"This one here which is marked for me."

"Goodness gracious, Tom! Why, that is my shoe-button box!"

—The Delineator.

INCONSIDERATE OF THE WEATHER.

"A cold day this!" remarked a shivering waiter on the L Station, with a sympathizing glance at the African ticket-chopper.

"Yas, sah!" chattered his blackness. "An' we feels it c'ase de wedder changes s' quick it don' 'low us no time ter gie natchelized."

—The Delineator.

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MEDICAL MISCELLANY.

NEWS BUDGET OF INDIANAPOLIS HOSPITALS AND SANITARIA.

St. Vincent's Infirmary, South and Delaware streets, is one of the best hospitals in the city, but it is overcrowded and in an undesirable location. Much talk about a new location has been heard, but there is nothing definite. The rumor probably started from the establishment of a railroad hospital at Beech Grove under the charge of the Franciscan Sisters. Sister Superior said to the writer a few days ago that a new building and a change of location was all newspaper talk, but she hoped that something definite might come from it; at present, however, there is nothing of an encouraging nature.

The Methodist Hospital, located at Capitol avenue and Sixteenth street, will be ready for patients not later than January, 1908, yet they hope to open on Thanksgiving Day. The building is modern, absolutely fireproof, accommodating eighty to one hundred patients, and having all the modern appliances.

The hospital site occupies the whole of a city block, a part of which is to be made into a park about the building.

The building committee consists of W. D. Cooper, W. C. VanArsdal, E. M. Murphy, J. W. Matthews and Dr. C. N. Simms. Superintendent and staff not yet selected.

The Physio-Medical College Hospital, College avenue, between 13th and 14th streets, is to be opened as soon as $65,000 stock is sold, for the purpose of liquidating a part of the college debt and converting a part of the 18,000 feet of floor space in the college building into a hospital with any additional building. It is intended to have sixty beds.

The site is beautiful, consisting of five acres of the campus of the old Northwestern Christian University and the old college building.

If improvements at the City Hospital are carried out as intended at a cost of $100,000, the capacity of that institution will be two hundred beds. At present the heating capacity is not sufficient to put the service building in commission. With the plan outlined by the new superintendent the hospital entered upon a new era, and will be made one of the best hospitals in the West.

The State College Hospital, 214 N. Senate avenue (Indiana University College of Medicine) is well appointed in all respects. It has been necessary to find other quarters for the nurses and there has been made the addition of sixteen beds. The total capacity is seventy beds. This is the latest addition to the galaxy of hospitals, and the authorities have left nothing undone which would make it a perfect, modern hospital. It is a credit to the profession and the city.

The Protestant Deaconess Hospital has recently been remodeled and an addition made. Its location on the corner of Ohio street and Senate avenue makes it especially central for emergency work.

Indianapolis has two well appointed sanitaria for the treatment of nervous diseases. Neuronhurst, established by Dr. W. B. Fletcher, and now under the management of Dr. Mary A. Spink.

Norways, located in a beautiful park on East Tenth street, established and owned by Dr. A. E. Sterne.

The Joseph Eastman Hospital was established by Joseph Eastman and is now owned and operated by Drs. Thomas B. Eastman and J. R. Eastman.

The O. S. Runnells Hospital on North Illinois street has been in operation for several years under the charge of Dr. O. S. Runnels.

The Eleanor, a children's hospital, is located on North Capitol avenue, and

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was the gift of Col. Eli Lilly in memory of his daughter.

The Fitch Maternity Hospital was established about a year ago by Drs. Frank M. Fitch and Emma C. Fitch.

The Zink Gymnastic and Orthopedic Institute is conducted by James L. Zink, at 431 North Alabama street.

The Door of Hope is an institution for the care of unfortunate women. It is supported by charity and has proven to be a worthy institution.

INDIANA UNIVERSITY PICKINGS.

Dr. Henry R. Alburger has assumed his duties as Head of the Department of Pathology in the Indiana University School of Medicine. After a preliminary preparation of two and one-half years in the University of Pennsylvania, Dr. Alburger entered on the study of medicine at that institution and took his degree in 1902. After a year as resident physician in the Philadelphia General Hospital, he accepted a position on the teaching staff in the Department of Pathology of the University of Pennsylvania Medical School.

During the four succeeding years, Dr. Alburger maintained his connection with this department and for the last year was next in rank to Dr. Smith, the head of the Department.

For two years he was Assistant Pathologist to the Philadelphia General and the University Hospitals, and the past two years has made a large proportion of the diagnosis of pathological material for the physicians of the State of Pennsylvania and so is particularly prepared to carry on this work established by the Pathological Department of Indiana University for the physicians of the State of Indiana.

The appreciation of this work is indicated by the fact that over 1,000 diagnoses were made by the department last year. The laboratory is now open and specimens may be sent in care of the Department of Pathology, Indiana University, Bloomington, Ind.

Like other members of the faculty of the first two years of the Indiana University School of Medicine, Dr. Alburger devotes his whole time to teaching and laboratory work.

Dr. W. D. Martin, a graduate of the I. U. S. of M., who tied for first place in the May examinations, is acting as first assistant to Dr. Alburger this year.

The Indiana University School of Medicine opened this year with a total enrollment of 115 students; of these, 66 are in the laboratory courses of the first two years at the University at Bloomington, and 49 are in the clinical department at Indianapolis.

There are 45 premedical students; so that the total of medical and premedical students is 160.

Considering the very general falling off in enrollment in medical schools, this increase in attendance at Indiana University School of Medicine is very creditable.

Each year the character of the work is improved and the organization of the work bettered. The enrollment of 42 freshmen of whom 40 per cent. have had at least two years of collegiate work, is very encouraging and evidence of the demand for a modern and correlated course. The increased enrollment of premedical students is evidence of a growing appreciation of the value of a thorough preparation for the study of medicine.

The large attendance of 42 freshmen medical and 22 freshmen premedical students is due in no small part to the loyal support which the physicians of the state have given this strong and growing school.

HEALTH OFFICERS AT ALANTIC CITY.

Dr. Eugene Buehler, secretary of the City Board of Health, and Dr. J. N. Hurty, secretary of the State Board of Health, both attended the annual meeting of the American Public Health Association, held during the week of September 30, in Atlantic City. This meeting was held in Mexico City last year.

The association is composed of public health officers of this country, Canada,

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Mexico and Cuba, besides professors of sanitary science in colleges and laboratory men in the public health service. Dr. Hurty is chairman of the committee on vital statistics and Dr. Buehler is the representative for Indiana on the advisory committee.

DEATH OF DR. LAWRENCE SHAW.

Dr. Lawrence H. Shaw, of Irvington, who graduated from the Indiana University School of Medicine in May, 1907, died September 16, of typhoid fever. It may be said that Dr. Shaw was a self-made man; he worked his way through Butler College and also the Medical School. Several years ago his mother and himself moved to Indianapolis from Charleston, Ill., and for a time he was employed by the Eli Lilly Company. Dr. Shaw was twenty-five years old and lived at 122 Butler Avenue. This is the first death that has occurred among the members of the Alumni Association. His associates passed appropriate resolutions and sent a beautiful floral tribute.

A DOCTOR OF 94 YEARS DEAD.

Forty years ago Dr. Melitus Bell moved to Indianapolis and engaged in the drug business on the corner of Noble and Liberty streets. Previously he had practised medicine in Knightstown, Clarksburg and Thorntown. During the past twenty years he has been living in retirement and September 19, he died of paralysis at the age of 94, at his home at 3332 Graceland avenue, Indianapolis.

INDIANAPOLIS CITY HOSPITAL STAFF ORGANIZED.

Dr. O. G. Pfaff, former president of the City Hospital Staff, announced at a meeting held October 4, 1907, that to effect an organization the first order of business would be the election of officers. The result was as follows: President, Dr. Frank B. Wynn; Vice-president, Dr. S. E. Earp; Secretary and Treasurer, Dr. W. N. Sharp. In response to calls from the members remarks were made by the newly elected officers.

The president pointed out numerous defects of the hospital and suggested a remedy. He urged each member of the staff to take a personal interest and thus aid the superintendent and the Board of Health in making a model hospital. During the past fifteen years Indianapolis has doubled in population but the hospital has not kept pace with it and now Mayor Bookwalter and the City Council were willing to aid in the betterment of conditions. Dr. Wynn advocated the establishment of three hospitals, one for emergency work, one for acute cases that can be cured and one for incurables.

The new superintendent, Dr. J. L. Freeland was introduced by the chairman and he outlined his policy. Remarks were made by Drs. O. G. Pfaff, A. C. Kimberlin, A. W. Brayton, A. E. Sterne, H. O. Pantzer, W. N. Sharp, Louis Burckhart and by the two members of the Board of Health present, Drs. E. D. Clark and T. B. Noble.

Staff meetings will be held each month.

FIRE AT SOUTH HAVEN.

We are indebted to Mr. F. E. Dewey of the Colonial drug store, South Haven, for a copy of the Citizen's Advocate containing an account of a disastrous fire which occurred September 11; Avery Beach, the largest summer hotel in Michigan and seven others were totally destroyed, the loss amounting to $150,000.

The fire started in a summer resort known as The Breakers and owned by Dr. McKenney, whose loss on furnishings, medical instruments and library will amount to $6,000. The beauty of these places and surroundings we had the pleasure of enjoying and can fully appreciate the appearance of the burnt, desolate district on Lake Michigan.

OUR CYNIC'S PHILOSOPHY.

Social unrest may relate to war against wealth and combinations of corporations, but in club-life it applies to the condition and feelings of a woman who leaves an afternoon tea first and gives those who remain an opportunity to talk about her.

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A man with scientific itch need not be quarantined to prevent the spread of infection, because many of those with whom he comes in contact are immune.

The nurse who is not a target for cupid's dart must surely be married.

Time's record-book contains no autobiographies.

A mudslinger's garments are always dirty.

The pen of the author and the scalpel of the surgeon are not responsible for failures; it is "the man behind the gun."

Toadyism in a man shows that he has not cast aside his swaddling clothes.

The kind acts of a doctor are golden nuggets which will brighten his corner in heaven.

The smile of deception is one of the stunts in facial gymnastics that is never entitled to an encore.

When history repeats itself it omits what man has written about himself.

A woman's wrinkles are often nature's tracings of unrequited love.

Alleged facts are frequently untruths in a dress suit.

When egotism talks we seldom hear an echo.

The advocate of the "affinity idea" is entitled to a marriage with the queen of lust only, the only affinity should be between man and wife.

When our club's resolution "that all candidates for wifehood must know how to cook and keep house well" is universally adopted, the servant girl problem will be solved. Daughters will crowd the servant out of a job and the union and its machinery will be called into play. At any rate there will be one consolation if the cook rules the household as now, it will then be all in the family.

SIN IC.

HOSPITAL TAG DAY IN INDIANAPOLIS.

Eight hundred ladies of the Home Missionary Society played a game of tag October 9th, on the business thoroughfares of Indianapolis. The purpose was to raise $1,500 for the new Methodist Hospital. To be exempt from further molestation it was necessary for a man to wear a tag with the inscription "I have given to the Methodist Hospital today." But few men escaped. The ladies were eminently successful. The hospital, when completed, will be the largest in Indiana. It will represent a cost of $250,000.

NURSES' CONVENTION.

The Indiana State Nurses' Association was held in Indianapolis September 11th. The officers elected were: President, Miss E. Humphrey, Crawfordsville; vice-presidents, Miss M. B. Sollers, Lafayette; Miss Cora Birdsel, South Bend; secretary, Miss M. D. Currie, Indianapolis; treasurer, Miss Anna Rein, Indianapolis. The semi-annual meeting will be held in the spring at Ft. Wayne and the annual meeting in Indianapolis the week of the State Fair.

OHIO VALLEY MEDICAL ASSOCIATION.

November 13 and 14, 1907, Evansville, is the time and place of the meeting of the Ohio Valley Medical Association. The officers consist of Dr. Brooks F. Beebe, president, Cincinnati, Ohio; Dr. J. L. Wiggins, first vice-president, East St. Louis, Ill.; Dr. Curran Pope, second vice-president, Louisville, Ky.; Dr. A. E. Sterne, third vice-president, Indianapolis, Ind.; Dr. Benj. L. W. Floyd, secretary and treasurer, Evansville, Ind.

The committee of arrangements are: Dr. A. M. Hayden, Dr. L. D. Brose, Dr. F. L. Davis, Dr. M. Ravdin, Dr. Edwin Walker.

The program consists of twenty-four numbers and is a good one.

THE ROCKWOOD TUBERCULOSIS SANITARIUM.

We have received the announcement of the Rockwood Tuberculosis Sanitarium at Rockwood, Ind., near Danville, on the Indianapolis and Danville interurban railway, forty minutes from Indianapolis. This institution is established to meet the demand present in the middle west, for a sanitarium where a person, suffering with tuberculosis, may receive efficient out-door treatment under competent

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hospital observation without having to hazard a long journey getting to the institution.

The Rockwood Sanitarium consists of a central administration building, near which are located cottages of the most approved design. These cottages are connected with the administration building by electric wire. There are no wards or dormitories, each patient having a separate cottage.

The grounds are admirably adapted to the needs of a tuberculosis hospital, being high and rolling, affording a splendid natural drainage and securing against dampness. About half of the grounds is covered with woods of big forest oaks, through which have been constructed numerous walks for patients able to take exercise. Rest houses made of bark are provided for patients unable to take exercise.

Arrangements have been made for an abundance of pure milk and eggs, the surrounding country affording an excellent market in which to obtain supplies. Such staples as can not be purchased in the near-by country will be subjected to analysis in the laboratory on the grounds before being offered to patients. Particular care will be taken that our patients are given an abundance of wholesome food, properly prepared and served.

The staff will consist of Drs. T. J. Beasley, resident superintendent, and T. Victor Keene, consulting bacteriologist. Dr. Beasley has had several years' experience in institutional work of this kind, and will live in the institution and devote his entire time to it. Dr. Keene was formerly city sanitarian of Indianapolis, and later superintendent of the laboratory of hygiene of the Indiana State Board of Health. He will look after the scientific work of the institution, but will not reside in it.

SICKNESS AND DEATH IN INDIANA IN AUGUST.

The Bulletin of the State Board of Health just issued says: The health of the state for August appears not to be so good as in the corresponding month last year. Typhoid fever shows a decided increase. It is reported as the first in order of prevalence, with diarrhea second and rheumatism third. In the corresponding month last year diarrheal diseases were reported as the most prevalent malady, with cholera morbus second and typhoid fever third. For this August the number of typhoid deaths is 131, last August 93. The diarrheal deaths are for this August 542, and for last August 459. The State Board of Health is somewhat disappointed that its free distribution of circulars and information given to the people telling how to avoid typhoid and diarrheal diseases has not borne better fruit. It may be that many are unable to learn by precept and can only learn through harsh experience, for we find our circulars and instructions for the prevention of diseases receive scant attention by most people only when they are smitten.

Diphtheria has prevailed unusually as shown by the reports. The deaths from this disease in August numbered 17, and in the corresponding month last year 11. This is an increase of over 50 per cent, and the cases show an increase of over 60 per cent. As we have in diphtheria antitoxin a sovereign and sure cure and preventive of diphtheria, we should have no epidemics and almost no deaths from this disease. It is expected that September will make a worse showing than August because the children will be drawn together in the schools. At Fair Oaks, Jasper county, diphtheria was discovered among a religious sect which does not tolerate physicians or drugs and which does not believe in the communicability of diseases. This condition has caused the health officers considerable trouble in trying to protect the community.

Deaths.—The total number of deaths in August was 3,390, rate 14.8. In the same month last year 3,000, rate 13.3. The cities report 1,547 deaths, rate 17.6. The country reports 1,843 deaths, rate 13. The city rate is 2.8 higher than the average for the whole state and is 4.6 higher than the country rate.

Consumption did its usual damage, causing 377 deaths against 351 in the corresponding month last year. Cancer, which at one time produced the same destruction as typhoid fever, has now gone

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ahead or rather typhoid fever has decreased in the comparison. The cancer deaths numbered 147. In the corresponding month last year, 123. Violence caused 186 deaths against 194 in the preceding August.

The death rates in cities having over 25,000 population were as follows: Indianapolis, 18.2; Evansville, 13; Ft. Wayne, 15.0; Terre Haute, 22.7; Anderson, 13.2; Muncie, 15.9; South Bend, 22.6.

One death from hydrophobia was reported from Johnson county. A young man, Alonzo Connor, age 25 years.

Smallpox prevailed in mild form in several localities but no deaths were reported.

PHYSICIAN'S MUTUAL ASSOCIATION.

The physicians of Mitchell have formed an association with the following officers and members:

Dr. G. W. Walls, Pres., John A. Gibbons, Vice-Pres; J. D. Byrns, Sec'y; John C. Kelly, Treas; W. H. Dings, W. C. Sherwood, G. W. White and D. R. Middleton to cultivate a spirit of mutual helpfulness and a more efficent service to their patrons.

Regular meetings will be held on the first and third Tuesday nights of each month to discusss subjects of interest to the profession as well as for social intercourse.

This association will encourage a high professional standing and will make themselves most beneficial to the unfortunate sick.

It is understood that the members of this association will extend aid gratuitously to the worthy poor.

NEWS ITEMS.

Dr. Richard B. Wetherill of Lafayette, sails from New York November 2, for a trip around the world. He will visit enroute, India, Siam, Burma, Java, Ceylon, China and Japan, arriving in San Francisco June 1.

Dr. W. W. Vinnedge, of Lafayette, was the guest of Maj. and Mrs. Richards, of Indianapolis, October 6th.

Dr. S. P. Scherer visited in Paris, Ill., the last week in September.

Dr. and Mrs D. F. Berry have returned from a visit to Chapman Lake.

Dr. M. A. Austin utilized his summer vacation by fishing at Tippecanoe.

Dr. Amelia R. Keller read a paper before the Indianapolis Historical Society, September 30, on "Becky Sharp."

Dr. Harry Heinrichs was married to Miss Bessie Ogle, September 18, in Indianapolis.

Miss Florence Chapman early in September was the guest of her brother Dr. Geo. L. Chapman in Indianapolis.

Dr. Berton Bowers, of Kirklin, Ind., visited in Indianapolis during September.

Gus Kutnow who has many friends in Indianapolis, has been spending several months in Carlsbad and sent a handsome greeting to Dr. S. P. Scherer.

Dr. E. M. Amos, who for several years was located at 3438 N. Illinois street, has gone to Ottawa, Ill., Tent Colony. After graduating from the Central College of Physicians and Surgeons, he became an assistant in physiology in his Alma Mater. He had a good paying practice in this city and for a few years his health has been such as to interfere with his work, but until now he did not give up his practice, although he had visited Michigan and Florida.

The opening exercises of the Indiana University College of Medicine, held September 11th, was well attended. The speakers were Drs. Allison Maxwell, J. F. Barnhill, B. D. Myers, J. H. Ford and H. R. Alburger.

Dr. and Mrs. H. A. Moore have returned from a pleasure trip to northern New Mexico and Colorado Springs.

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A club for scientific research has been organized in Indianapolis. The officers are Dr. H. R. Allen, president; H. C. Parker, vice-president, and Ernest De Wolf Wales, secretary and treasurer.

Dr. F. M. Andrews, associate professor of botany at the Indiana University, who made a tour of study in Norway, Sweden and Denmark, is now at the University of Amsterdam, Holland, where he is investigating a special botanical problem, with the eminent botanist, Professor de Vries, who has favored a few of the larger universities by delivering a course of lectures.

Charles Jones has succeeded Dr. John Reeves as drug clerk at the City Dispensary. The latter has accepted a government position, it is said.

Dr. E. D. McKinley, who graduated from the Central College of Physicians and Surgeons in 1905 and who later developed tuberculosis, writes from New Mexico, where he has been for the past year, that he is rapidly improving as a result of the outdoor climatic treatment.

Dr. John F. Barnhill addressed the physicians of Wayne County at Richmond, October 2d, on the subject, "Mastoiditis."

Miss Loy McAfee Ingram, who studied medicine in Indianapolis some years ago, will October 15th issue the "Illustrated Clinic," a medical journal devoted entirely to clinical medicine and surgery. Dr. Ingram is now in New York, from which place the above journal will be published.

Dr. Charles R. Sowder will address the Delaware District Medical Society, October 22d, on the subject "How to Build Up County Medical Societies."

Dr. William Lowe Bryan, President of Indiana University, addressed the faculty and teaching staff of the medical department at Indianapolis, Friday evening, October 4th. This was the first occasion on which the entire medical faculty was present, and also the first address by the President of the University since the entire management of the medical school was assumed by the Board of Trustees of the University.

Dr. Charles S. Goar, in company with Mrs. Goar, recently spent two weeks in travel and recreation in several of the Atlantic Coast States.

Dr. D. L. Kahn made an address and operated before the medical students of the Indiana University School of Medicine at Bloomington, October 4th.

The following Indiana physicians read papers before the Mississippi Valley Medcal Association at Columbus, Ohio, October 8, 9 and 10: Drs. Charles W. Finley, Brazil; Edwin Walker, Evansville; Chas. W. Carter, Richmond; G. W. McCaskey, Ft. Wayne; Albert E. Sterne, Indianapolis; John F. Barnhill, Indianapolis; Hannah Graham, Indianapolis; Charles Stoltz, South Bend; D. C. Peyton, Jeffersonville; M. A. Austin, Anderson.

The Eighth District and Madison County Medical Societies were addressed by Dr. J. N. McCormack, at Anderson, Ind., October 8th. His subject was "Things About Doctors which Doctors and Other People Ought to Know." The Committee of Arrangements consisted of Dr. F. G. Keller, Dr. Jonas Stewart, Dr. S. C. Newlin, Dr. M. A. Austin, Dr. S. C. Norris, Dr. Lee Hunt, Dr. N. S. Wood.

A SAILOR'S ADVICE.

As Admiral Bunce was coming out of the Boston Navy Yard one day he encountered a sailor very much the worse from liquor.

The admiral, being in citizen's dress, was not recognized by the sailor, who endeavored to embrace him affectionately.

"Sir," said the indignant officer, "do you know that I am an admiral?"

The sailor pulled himself together, made a drunken salute, and said: "So you are an admiral, are you? Well, you've got a blame' good job, and my advice to you is to keep sober and hang onto it."—April Lippincott's.

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BOOK AND JOURNAL REVIEWS.

REVIEWS IN THIS DEPARTMENT.

Comments which are made upon new books with few exceptions will be in a condensed form. Some things said may not meet the approbation of the author, and yet we desire to present to our readers the facts concerning new books as we view them. Rather than to use a few complimentary terms in the description of a book we believe it is far better to let our readers know something of their contents. Furthermore, we expect to publish a review of a number of new books which will be purchased for this express purpose. There is no doubt that many of them are open to criticism, but in no instance will an injustice be done. We desire this department to be one of interest and furnish our readers with the information to which they are entitled concerning the new publications. It is true that now and then a publisher furnishes us with a copy of some work for review, but we do not in any sense let this influence us in the expression of an opinion, hence such a work we believe merits what is said about it.

Manual of Diseases of the Ear, Nose and Throat, by John J. Kyle, B. S., M. D., Second Edition, Revised and Enlarged, with 169 illustrations. Philadelphia, P. Blakiston's Son and Co., 1012 Walnut street. 1907.

Less than two years ago I wrote a review of the first edition of this work and commented on the carefulness and thoroughness with which it was written. Evidence of its popularity is shown by the demand for a second edition in so short a period. Some portions of the work have been rewritten and a very valuable chapter upon diseases of the trachea and bronchi has heen added. The author has made an effort to consider in this treatise only those subjects which strictly belong to the laryngologist.

Chapter I takes up the Embryology of the Ear, Nose and Throat. Chapter II the Anatomy of Physiology of the Ear. Chapter III, Nose and Nasal Fossae; then follow thirty chapters which are alike interesting and apropos to the general subject. The text is well illustrated and is thoroughly condensed without omission.

International Clinics, a quarterly of illustrated clinical lectures and especially prepared articles by leading members of the medical profession throughout the world. Edited by W. T. Longcope, M. D., Philadelphia, U. S. A. Volume III. Seventeenth Series. 1907. Philadelphia and London, J. B. Lippincott Company.

Words of commendation may perhaps be appropriate yet seem unnecessary in expressing an opinion of the International Clinics. It is a standard publication and is recognized by those acquainted with the volumes which have heretofore appeared. Diabetes, pneumonia, mechanotherapy and curability of tuberculosis are subjects which consume the first fifty pages. Such authors as Edsall, Robin, Wainwright and Bullock speak for their value. Under the general head, Medicine, we find Blood-pressure and Tuberculosis, by Stanton; Acute Gastritis, by Sommerville; The Saline Factors in the Estimation of Renal Disease, by Wallace; and others of equal importance. The surgical section includes well written articles pertaining to cancer, the blood-vessels, the gall-bladder, tuberculosis and perforating ulcer of the foot. The department of gynecology, genito-urinary diseases, ophthalmology, neurology, dermatology and pathology include eleven distinct topics which are instructive, interesting and well written. The illustrations are not so profuse as usual, but they meet the requirements of the text.

Diseases of the Stomach.—By Dr. I. Boas, Specialist in Gastro-enteric Diseases in Berlin, Germany. The sole authorized English-American edition from the latest German edition. By Albert Bernheim, M. D. (Frieburg, Germany), assistant to the late Dr. D. D. Stewart at the Philadelphia Polyclinic Hospital and

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Post-graduate School, as instructor in the Department of Diseases of the Stomach and Intestines, etc. Appropriately illustrated with five full-page plates and sixty-five engravings in the text. 730 royal octavo pages. Extra cloth, $5.50 net. Half-Morocco, $7.00 net. Sold only by subscription. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia, Pa.

This work has been quite popular and has been translated into several languages. It represents the views of the author, together with much of his research work. Throughout the work is easy to comprehend. It is especially intended for the general practitioner and yet it applies to the desires of the specialist as well as the student.

Part I embraces all the methods used in the examination of the patient. Among the most valuable portions of the text we find information concerning chemical examination of the gastric contents followed by evidence of the significance of the examination of the urine and the blood. The use of the Roentgen-Rays in the diagnosis of the diseases of the stomach is well illustrated; we have several times called attention in The Monitor to these methods. The subject of diet is treated in forty-one pages and necessarily would be one of the important features of a work of this character. Balneotherapy, massage, lavage, are topics worthy of perusal.

Part II takes up the special diagnosis and therapeutics in diseases of the stomach without omission of anything of importance. Perhaps attention should be called to the great value of the text concerning sensory, motor and secretory neuroses of the stomach.

Five Hundred Surgical Suggestions.—Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, B. S., M. D., Chief of Surgical Department, Mount Siani Hospital Dispensary, New York; Editor-in-Chief American Journal of Surgery, and Eli Moschcowitz, A. B., M. D., Assistant Physician, Mount Siani Hospital Dispensary, New York; Associate Editor, American Journal of Surgery. Second series. Duodecimo; 125 pages. New York: Surgery Publishing Co., 92 William St., 1907. Price, $1.00.

This little book is a nutshell of facts and its contents embrace terse surgical suggestions, hence in therapy and points in diagnosis its epigrammatic words of wisdom will well repay the reader who uses it during his leisure hours. It is a manual of truths in which others than the surgeon will find much information.

THE SUPREME TEST

He was no coward; nay, rather, men had even called him brave. At the peril of his life he had stopt runaway horses, had plunged into the sea to rescue a child from drowning, and had gallantly charged up San Juan Hill in the face of the Spanish bullets. But now his face paled and he trembled.

"I dare not," he muttered. "But," he added resolutely, "since she whom I vowed to love and cherish has asked it of me, I will not falter."

So, with calm courange and a resolute mien he descended to the kitchen to discharge the cook.—The Circle.

IN THE SURF.

He—Are you afraid?

She—Why, no. There's no danger, is there?

He—No, but I didn't suppose that was essential.—September Lippincott's.

SONG.

Light of the world, what are violets but eyes of you!
Perfume—your hair blowing back on the breeze!
Ah, but the fugitive, dainty surprise of you
Pricking in green on the blossomy trees!

Give me the sun of your smile to be fire to me;
Give me the moon when the passion has gone;
Give me the light, to be dream and desire to me,
Down the dark alleys, that lead to the dawn!

—Helen Hay Whitney in the Midsummer Holiday Century.

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NURSES DIRECTORY

TO THE physicians of the State we recommend the following nurses as being thoroughly competent and worthy any nursing you may desire done. Call them direct by phone or telegraph or procure any of these nurses by communicating with the Monitor, care of Dr. D. L. Kahn, 323 North Delaware street, Phone New 5900.

NURSES

BILLINGS, MISS CLARA, No. 47 The Ardmore..... New Phone 5408
BOUNELL, INDIA J., No. 62 The Ardmore, 236 N. Del.. " " 2408
BRANDON, MRS., 715 N. Capitol Ave..... " " 2446
BABEL, MRS. FREDA., The Coburn,.....Old Phone Main 5988
CRANE, MRS. IDA, No. 4 The Roberts.....New Phone 5810
FETTIG, MISS CATHERINE, 1309 Broadway..... " " 4620
FLOYD, MISS ALICE E., 513 N. New Jersey St..... " " 5009
JEFFERS, MISS HARRIET, 941 N. Alabama St..... " " 4375
(General nursing except obstetrics.)
MAXWELL, MISS LILLIE, No. 628 E. 11th St..... " " 2915
MCCARTY, MISS SADIE, 60 The Ardmore, 236 N. Del.. " " 2407
MCGREGOR, MISS ADA, No. 3 The Alexandria.. New Phone, Main 6085
MOON, MISS COSETTA, J., 2408 N. Illinois St.....New Phone 2861
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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 323 N. Delaware St., Indianapolis, Ind.

AN AUTHORITATIVE OPINION.

The "Journal Des Practiciens," one of the leading Parisian medical journals, has in one of its latest issues (August 17, 1907), the following article:

As an efficacious and palatable remedy we do not hesitate to declare that Kutnow's Powder takes the foremost place. In this powder are incorporated the active products derived from the most celebrated European spas; and while these products themselves are of a very nauseous taste, this disagreeable taste has been so well disguised in Kutnow's Powder that the same is a very agreeable, refreshing and exhilarating beverage. This delicious taste renders it a true benefit for all physicians in their prescriptions for patients of a delicate constitution. Kutnow's Powder may be given in either cold, tepid or hot water if desirable, but in all cases it is better to let it be taken by the patient as a fairly hot drink and in a good quantity.

Kutnow's Powder has been tested and approved by a great number of eminent physicians, among whom we mention the names of Sir Morell MacKenzie, M. D., Prof. Lawson Tait, Drs. Ernest Ott and Joseph Roth, who spoke of this powder in the highest praise, reporting fine results from its use. The diseases of the liver, kidneys, stomach and biliary duct accompanied by constipation, dyspepsia, gout, rheumatism and other affections due to the presence of an excess of uric acid in the organism are now treated with Kutnow's Powder with extremely satisfactory results. It has also been prescribed with equal success in diabetic cases and for plethoric patients.

One point that should not be forgotten is that Kutnow's Powder is not only an aperitive medicine but also an alterative which is advantageously employed in the correction of faulty metabolism and which for these reasons renders the cell-formation active and stimulates the regeneration of sound tissue. In aiding the flow of bile Kutnow's Powder acts as an excellent cholagogue. Its action on the mucous membrane is pleasant and soothing and in eliminating all the toxics from the digestive and urinary tracts without any bad after effects Kutnow's Powder has become an indispensable auxiliary for every physician.

THE OUT DOOR TREATMENT OF TUBERCULOSIS.

The sentiment that has been growing in this country for a number of years in favor of the Out Door Treatment of Tuberculosis seems to have been appreciated in Indiana, for not only has the State appropriated money for the erection of a sanitarium for the poor but private enterprise acting more promptly than the state established the Indiana Out Door Colony at Mt. Summit, Ind., for the treatment of those more fortunate.

The plan is a life in the open air, a diet that tempts the appetite as well as supplies the elements needed by the depleted tissues, and a strict regulation of the exercise of the patient. Only such medication is employed as the complications of the case demand.

The equipment consists of an administration building containing reception room, dining room, and bath room for the patients, and the kitchen, storage rooms and living apartments for the help. The patients are housed in tents near the building in a small grove of sugar and hickory trees with abundance of shade and the quiet of the country all about them. Each tent is furnished with an iron bed with springs and mattress, a canvas chair for reclining, a table, and a washstand. They are comfortably heated

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and lighted, and walks are arranged as needed about the ground. Mail is delivered at the Colony grounds three times a day and an Independent telephone is in the building.

The medical director, Dr. J. C. Blossom, lives upon the grounds and each tent is equipped with an electric bell, so that the patient can without leaving his bed call the doctor at any hour of the day or night.

The results of the treatment here is as good as can be had with this plan of treatment, and a patient who does well will gain from five pounds to ten pounds per month. Some have gained as high as thirty-three pounds in three months, but this is rather unusual. Night sweats cease, temperatures return to normal, appetite is improved, the patients sleep well, and the cough and expectoration are soon lessened so much as to be a source of very little annoyance.

This institution is the outgrowth of over three years of actual experience with the Out Door Treatment and as now conducted is the Oldest Institution of its kind in the State.

ANTIPHLOGISTINE VERSUS OPIUM.

Inflamed states of the various organs of the body frequently give rise to pain of such urgent character as to demand active steps looking to its relief. Upon seeing the patient for the first time (he has called his physician because his suffering has become intolerable), the medical attendant is met with a peremptory demand for relief from the suffering.

With a willingness, which frequently overrides their better judgment, some physicians resort to the hypodermic needle indiscriminately, and, in too many cases, a greater evil has followed the lesser one. The free habit of using morphine or some other form of opium is not a judicious practice, and for several reasons. The exact seat of an inflammation, for instance, might become difficult to locate, and thus a clear diagnosis interfered with. But the greater objection to the use of opium is the possibility of adding a recruit to the ever growing army of habitues.

Every time there occurs to a doctor the apparent need for opium he should deliberate well before resort is had to the needle. If, after careful consideration, his best judgment advises the use of opium, it should be given in some form by mouth. If the needle is used the patient at once knows what he is getting, but he is not so likely to acquire this information if it be given otherwise.

For relieving the pain of the inflammations Antiphlogistine will easily take the place of opium. The relief following may not be so prompt and so complete but the edge of the suffering is taken off within a short time, and soon the patient is in a comfortable condition and has escaped the possibility of becoming addicted to a drug. There is not the likelihood that a patient, relieved from pain by it, will begin eating or using Antiphlogistine in any other way—which likelihood is the greatest disadvantage of opium.

In the future let your morphine become stale, and keep your Antiphlogistine fresh —use it for inflammation.—The Medical Era.

Bouchard has truly said "What makes possible the development of an infectious disease is not the chance meeting of microbe and men." This is occurring constantly, but there must be, in addition, a condition of the body favorable to the development and multiplication of the

One of the most common conditions which so lowers the resisting powers of the system as to permit bacterial invasions is the toxemia of faulty metabolism. The ideal treatment of toxemia is by elimination. Alkalithia is the ideal eliminant and its use in selected cases of rheumatism, asthma, tonsillitis, chorea, eczema, urticaria, pruritus and incipient Bright's disease will well repay a careful trial.

HOME-MADE BUTTERMILK.

It is now within the power of every household to have an abundance of that refreshing and healthful summer (also winter) drink—buttermilk. To the present time no one knew of any source of buttermilk except from the butter-maker;

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but now-a-days the butter-maker does his work so well that the buttermilk is entirely deprived of the delicious little grains of fat which add so much to its food qualities as well as to taste. True buttermilk, made direct from fresh rich milk, within a few hours, of the finest flavor and taste, nutritious and more excellent than the article as originally known, can now be prepared in any kitchen. This is done by taking a quart of fresh, rich milk, adding a pinch of salt and about a half-pint of hot water to raise the temperature to body heat, and lastly adding a tablet which contains a pure culture of lactic acid bacteria. Place all in a pitcher, cover with a napkin, and let stand for twenty to twenty-four hours at the ordinary temperature, and there is your perfect buttermilk. The tablets are made by Parke, Davis & Co., the pharmaceutical and chemical manufacturers of Detroit, Michigan, and are called "Lactone" or buttermilk tablets.

On the farm, in the process of buttermaking the cream is allowed to sour spontaneously and is then churned. The souring is the lactic acid fermentation caused by lactic acid bacteria or ferments. The difference between the new and old process is one of method and not result. In the old, the lactic fermentation is waited for and expected to occur spontaneously, with disappointment sometimes. In the new, the ferment in pure culture is directly planted in the milk, and the desired fermentation is secured without fail. In Bible days, spontaneous fermentation of dough was depended upon to leaven or lighten bread, and failure frequently attended the process, the dough putrefying instead of fermenting, and was then lost. Finally, man learned to add yeast to the dough and not to depend upon spontaneous processes, with the result of always securing the right fermentation and making a better and more nutritious bread. This new buttermilk process is a large improvement. —Monthly Bulletin, Indiana State Board of Health, June, 1907.

A RELIABLE PREPARATION.

It should be the aim of every careful practitioner to secure for his patients a remedy which can be relied upon to be the same each time it is employed. FELLOWS SYRUP has stood the test of time and eminent physicians in all parts of the world have testified to its usefulness as a tonic and reconstituent.

CARDIAC "WABBLE:" FROM VASOMOTOR INSTABILITY.

The inclined-to-criticize will kindly excuse the above. In no plainer language, even if inelegant, can we designate that well-known but peculiar functional state of the circulation due to instability of action of the vasomotors (lack of physiological balance) that calls for cactus grandiflorus, or cactin, its most desirable preparation.

The indication for cactin is not the pulse telling of cardiac inefficiency and calling for digitalin; neither, to the careful clinician, does it call for "the lash"—strychnine, though one or the other, often both, are not infrequently used when not needed by those who do not clearly appreciate the condition present.

It is just the cactin pulse, indicating a heart that, by reason of instability or outside disturbance, is not doing, or is not permitted to do, its normal amount of work—a weak, irregular heart, calling for neither digitalin nor strychnine but a remedy that will act as a governor, restoring its normal rhythm and rate.

Whether the indication be a pulse which is too fast, or too slow, too weak or too strong; if the cause is vasomotor instability, as in the tobacco heart, the heart of the drunkard, some cases of menopause, overwork, etc., no remedy in the proper condition will do just what cactin will; no remedy will so quickly restore the necessary equilibrium as this; continued as required in "dose enough," no remedy will serve you better.

The mistake the unthinking make is to look for toxic effect consequent upon the use of cactin as follows the exhibition of decided doses of digitalis and strychnine, and they are therefore disappointed when even enormous doses of it are used. The laboratory man with his frogs, rats, cats and dogs says this toxic effect is'nt there—and it isn't.

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A straight line can't be made straighter and while vascular balance is produced by cactin, and in a state of disequilibrium it goes but little beyond this point, why should it be carried further if it could? What more does one want?

Cactin is a balancer, and it is this peculair balancing action upon the circulation, preventing regional dilation, that accounts for the wonderful and otherwise inexplicable effect of hyoscine, morphine and cactin compound (H-M-C, Abbott) as compared with hyoscine and morphine alone.

Without doubt in seven out of every ten times that digitalis and strychnine are used by the less careful, painstaking and exact, the needs of the patient and the purpose of the physician would be better served by cactin. Balance having been established through cactin in "dose enough," other indicated remedies should be added, sufficient of the cactin being continued to maintain the effect desired.

That the appreciating clinician is well served by this remedy is evidenced by the fact that many, many millions of these granules have been consumed at the hands of the profession and nothing but satisfaction expressed — an experience which has covered a full decade.

"SPINAL CORD COMPLICATIONS OF ANEMIA."

With increased knowledge of the anatomy and physiology of the brain and spinal cord, there is a growing opinion among the careful clinical observers that many of the nervous phenomena accompanying general anemia can be directly attributed to resulting changes in the nervous system. The spinal cord complications of pernicious anemia have been recognized for some time, and it is no uncommon thing in these cases to find pronounced degenerative areas throughout the cord. The posterior columns and occasionally the lateral are most often involved, the nerve fibres being chiefly affected, without however, the extreme shrinking usually observed in locomotor ataxia. While there can be no doubt that these conditions depend to a certain extent on the blood changes incident to the anemic process, it is more than probable that the toxins resulting from the attending hemolysis exert direct injury on the nerve cells.

Fortunately the ordinary anemias are not attended by such extreme changes, and the resulting symptoms, with their speedy control under appropriate treatment, point to a functional rather than an organic origin. These symptoms, while extremely variable, usually consist of constant and pronounced backaches, especially in the cervical and dorsal regions, sensitive areas along the spinal column, variations in the spinal reflexes, paresthesias generally, and often times irritability of the anal or vesical sprincters. Headache is frequently complained of, although the patient is usually able to sleep. The symptoms referable to the sexual function are also extremely variable, especially in the female, and range all the way from absolute frigity to positive nymphomania.

Frequent reference is made to the heart by these anemic patients, and while their symptoms may be somewhat due to the changes in the blood current, there can be no question that the sympathetic nerves suffer in the general involvement of the nervous system, and may therefore be directly responsible for the arythmia, tachycardia, etc., so often complained of.

The great therapeutic value of Pepto Mangan (Gude) is well shown by its rapid and pronounced action in these cases of anemia complicated by nervous derangements. With the rise in hemoglobin and the blood count, which immediately follows the administration of Pepto-Mangan (Gude), the backaches and headaches cease, the sensory disturbances disappear, and the patient's nervous system rapidly returns to the normal. The comparative ease with which these cases are restored to health when thus treated, will be exceedingly gratifying to the zealous practitioner. He, more than anyone else, realizes the danger of letting young females thus afflicted drag along indefinitely, for he knows that the psychic influence of long continued sensory disturbance is extremely prone to develop and magnify any hysterical tendencies however latent. Early and efficient treatment

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is therefore not only desirable but urgently necessary, and Pepto-Mangan (Gude) will never prove disappointing.

AN INVERTED SAYING.

If we could only see others as we see ourselves what splendid men and women would inhabit the world.—The Circle.

A BARGAIN.

He.—Miss Hunt, I love you, but now I dare not dream of calling you mine. Yesterday I was worth ten thousand dollars, but today, by a turn of Fortune's wheel, I have but a few paltry hundreds to call my own. I would not ask you to accept me in my reduced state. Farewell forever.

She (eagerly).—Good gracious! Reduced from $10,000 to $100! What a bargain! Of course, I'll take you. You might have known I couldn't resist.—The Circle.

DIETARY FOR CHILDREN.

Difficult as it is to prescribe a general dietary for children, it is still safe to say that a school-child's breakfast should comprise some such articles as the following: There should be some fresh, seasonable, and not over-ripe fruit; a thoroughly cooked cereal, which should be served with unskimmed milk, or, better yet, with pure, fresh cream; eggs prepared in some easily digestible form —never fried; a broiled lamb chop, or a piece of tender steak, with toasted bread, or whole wheat muffins, and plenty of good sweet milk. If the child does not like milk, a cup of cocoa will be found agreeable and nourishing as well as mildly stimulating.

If the child goes to school so far from home that a basket lunch is necessary, no less care should be taken in preparing this makeshift for a meal. It should be put up daintily, the various kinds of food being neatly wrapped in oiled paper. To send a child to school with a lunch composed of "any old thing" arranged in a haphazard manner is to invite all kinds of ills to take possession of the little stomach.

The first thing, of course, is to be sure that the lunch box or basket is absolutely clean. Then cut several pieces of oiled paper. In one you may put a number of small sandwiches. Thinly sliced whole wheat bread with some sensible filling makes the best sandwiches, but there should be enough of them to assuage the cravings of hunger. In another packet place some tasty sweet. Avoid pie assiduously, but any cake that is not too rich, and that has only a plain icing, will answer the purpose nicely. Fruit, too, should be added, with some crisp cookies, or ginger wafers, but do not be tempted to insert any candy, unless you chance to have a supply of absolutely pure maple sugar.

—Mc Gee in Delineator.

A SUBURBAN STUDENT OF LITERATURE.

At the Boston Public Library they have a system for the delivery of books in the suburbs.

This order was once received from a suburban matron:

Dear Mr. Librarian—Please to send me the following books: "The House of Three Gables," "The Vision of Sir Longfellow," and "The Last of the Mohegians," by John Milton, and greatly oblige.—The Circle.

AUTHORS.

An author is a person whose chief occupation in life is the defacement of good white paper. The appellation is wide-reaching, and may apply to the writer of a soap advertisement or to the creator of a best-seller.

Of late years authors have become so numerous that they seem to have literally fallen out of the clouds upon a long-suffering people, like rain-drops upon an already water-soaked earth. In Indiana these drops fall with such persistence that the State is kept in a condition of literary overflow.

Among certain authors of the present time there is great rivalry as to who can cover the maximum of paper with the minimum of thought.

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Authors are divided into two classes: a small class who can write and who let their work speak for them, and a very large class who can't write and are continually picking to pieces the literary elect.—Harvey Peake, in The Circle.

DIFFERENT BACKBONES.

A boy in the physiology class of a school in South Boston gave the following definition of the difference between the backbone of a man and the backbone of a cat:

"A man's backbone runs up and down, while the backbone of a cat runs sideways. A cat is liable to spit and throw up her backbone."

Another boy said of the spine: "The spine is a long bone reaching from the skull to the heels. It has a hinge in the middle so that you can sit down, otherwise you would have to sit standing."—October Lippincott's.

ONE GIRL'S VIEW OF IT.

"Beauty in some ways is a handicap," she said slowly. "Do you know, Jerry, that it seems to me almost as humiliating to be loved for one's beauty as for one's money. And it gives false values for a short time. Money, after all, doesn't vanish like one's good looks, with years. How is one to know what one will have left when one's beauty goes?"—From Dorothea Deakin's "Of Beauty" in the September Century.

HIS NEIGHBOR'S CAT.

A Cleveland lawyer tells of a man living in a suburb of that city whose sleep had been disturbed nightly by the howling, on his own back fence, of his neighbor's cat. At last, in despair, he consulted his lawyer.

"There sits the cat every night on our fence," explained the unhappy man, "and he yowls and yowls and yowls. Now, I don't want to have any trouble with this neighbor; but the thing has gone far enough, and I want you to suggest a remedy."

The lawyer looked solemn and said not a word.

"I am well within my rights if I shoot the cat, am I not?" asked the sufferer.

"I would hardly say that," replied the legal light. "The cat does not belong to you, as I understand it."

"No."

"And the fence does?"

"Yes."

"Then," concluded the lawyer, "I think it safe to say that you have a perfect right to tear down the fence."—October Lippincott's.

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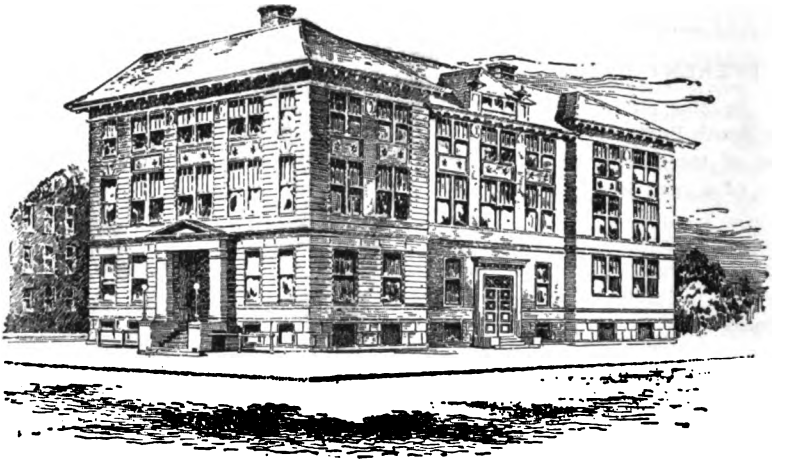

The college will open Tuesday, Sept. 10, 1907, with a faculty that has been selected with the utmost care and with due consideration as to their ability as teachers and clinicians. The first two years will be given at Indiana University, Bloomington, Indiana, for the following reasons:

1. A saving of money to the student from the fact that the expense in living in Bloomington is less than in Indianapolis.

2. The two years spent in a university atmosphere will be of inestimable value to the student.

3. Since the first two years of a medical course consists largely of laboratory work, it is assuredly to the student's advantage to obtain the same in laboratories which are especially well equipped for medical teaching, and are under the direction of thoroughly trained men who are paid to devote their entire time and ability to the instruction.

The work of the Junior and Senior years will be given at Indianapolis in the College building and will consist mainly of clinical and bedside teaching. To better meet the demands for a thorough clinical education, the College has established its own hospital with a floor space of 15,000 square feet. The hospital consists of over seventy beds, including obstetrical and children's wards. The dispensary and out patient departments are now in successful operation, and ample clinical material from this source is assured. In addition our students will have, as heretofore, full access to all instruction at the City Hospital.

Indiana University will grant the degree of M. D and confer the diploma.

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VOL. X. INDIANAPOLIS, IND., November 15, 1907. No. 11

ORIGINAL COMMUNICATIONS.

ANNUAL ADDRESS—THE AGE IN WHICH WE LIVE.

By Curran Pope, M. D., Louisville, Ky.

Delivered before the Ninth Annual Meeting of the Ohio Valley Medical Association, Evansville, Ind., Nov. 13, 1907.

Mr. President, Ladies and Gentlemen—I would indeed be ungrateful and inappreciative if I did not first express my high appreciation of the distinguished honor that has been conferred upon me in being asked to deliver this Oration in Medicine; an honor coveted enough by those of maturer years to make it a distinguished honor when falling to one of mine. It is at these times that one realizes fully the inadequacy of words in the expression of emotions. It has seemed proper to me with the character of audience I am to address that I should bring before the Ohio Valley Medical Association a subject that would possess interest BOTH for the physician and the layman, and in speaking upon the subject I have chosen, "The Age in Which we Live," I shall endeavor to show the relation that this age bears directly to the physician himself and its influence upon the people who apply to him for medical help and succor in their hours of distress and suffering.

I.

Physiologists have found in the waters and pools of the surface a little animal composed of a gelatine-like substance called protoplasm. This tiny microscopic droplet of protoplasm is capable of performing all the functions of a perfect body; eat, digest, rest, recreate, work; thus personifying in its body the complete possibilities of a cell. As we rise from this lower elemental cell through the animal kingdom to man we find that the larger bodies that are easily viewed

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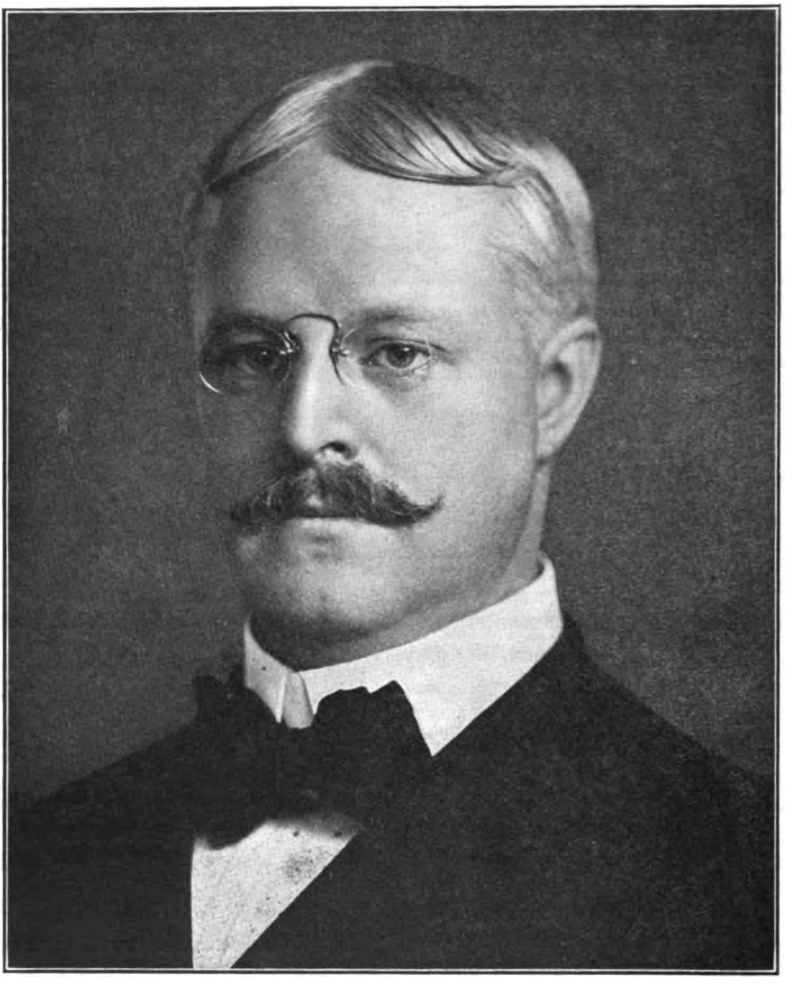
by the eye are, however, all composed of nothing more or less than myriads and millions of cells. As these cells cannot each perform all the duties necessary to sustain life they have become what we call "differentiated." That is to say, certain cells are grouped together to form organs or systems, with different functions, for the maintenance of the body as a whole. Thus a large group may be gathered together into what we call the liver, the stomach or the brain, and these cells constituting the liver, stomach or brain perform the single functions set aside for them in the human economy. The single or multiple functions performed by these different groups of cells, in the aggregate form the perfectly acting human being.

Single cells and groups of cells, perform their functions in the economy beneficently aiding in the preservation of the integrity of the whole, or even maintaining life itself, and as a natural corollary it may be said that whatever aids and protects the cells or groups of cells is favorable to their existence, while pernicious and injurious influences may result in injury to single cells, to groups or to the body as a whole.



CURRAN POPE, M. D., Louisville, Ky.

From this we may turn in analogy to the BODY POLITIC and find that human

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beings, while they are not cells, are still units who may be gathered together for certain purposes and influenced as in the body by one another and may act upon each other; for, as an injury to any cell or cellular group means injury to the whole body, just so any injury to the HUMAN UNIT or group of units in the body politic, is an injury to that entire body.

The physician in treating an individual WHO IS SICK is dealing with a person affected by all those influences that exist in the body politic, as well as by the injuries and diseases that afflict the cellular structures of his body; and so it becomes an inseparable part of his work to see and observe the effects of certain influences that change and modify the condition of his patients, by influencing them as a unit of the entire body politic. While this is true with regard to his patients, it is also true with regard to himself, for he, being a unit is, like his patient, affected, changed or modified by all those influences that affect, change or modify the unit or the body politic as a whole. It is probably because of those influences that are brought to bear upon the human unit that we see types and characters develop in certain ages and in certain peoples. These types convey the characteristics of the "Age in which they Live," for the action of great forces upon the body politic, and through it upon the individual unit, so modify and change this unit as to gradually, through several generations bring about A TYPE that is different or modified from the pre-existing one, a resultant of these forces.

In addition to knowing the influences and their effects, as above enumerated, the layman should bear in mind the intimate and close relation between what is called "mind" and "body", for in reality mind is a part of the body and not separate and distinct from it. Mind is the result of brain action and this brain is fed and cared for and maintained by the general body, shares in all the influences and effects of disease and disorder arising in the body and, in its turn being the dominating influence of the whole, affects every tissue, organ and function that is resident within the body. Thus whatever external influences may affect the functions that are resident in the brain or what is commonly known as mind, may not only directly influence the mind or brain itself, but may in its turn be shunted, as the electricians say, upon all or any of the organs and tissues of the body, so that the actions of the body politic, as a whole, or as a group of individuals, may be conveyed by means of our senses to the brain and there cause its effects upon this organ, which in its turn may influence all the rest of the body. We can thus see clearly how those changes that take place in the country and the "Age in which we Live" may be made to influence and affect the individual with regard to his external welfare, happiness and his bodily condition.

II.

It may be unnecessary for me to say at the outset that life today is, as it has always been, a stupendous, gigantic and unsolved problem, the origin of which we know not, nor do we KNOW its eventual end beyond extinction. We, like the simple cell, come into this world helpless, breathe, move, exist and finally cease these actions, which constitute death. It is with life itself and death that the physician has to deal and he is beginning to find that this life, which has been aptly described as "strenuous" is affecting him and his patients materially. I take it that the word "strenuous" has come to mean a strained or OVER-STRAINED existence. Probably of all men the physician has the greatest opportunity to observe upon the human being the effects of living, both rightly and wrongly. Being a unit of the great whole he feels its influence upon himself and, in turn, sees its influence upon others around and about him, for he is in closest intimacy with men, women and children, at times and moments when they are unguarded and when they show more truly and absolutely the influences of their epoch than at any other time. That the strenuous life of today is affecting the physician more than any other professional man is probably shown in the fact that of professional men more physicians commit suicide than any

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other, probably the result of the great mental and physical strain under which they labor. I have often asked myself the question as to whether these overwrought men and women who take their lives, who feel that they cannot carry the "white man's burden," who hope for surcease from the "slings and arrows of outrageous fortune," whether or not they were sane. One feels that something must be radically wrong in the "make-up" of an age when many bright and splendid intellects, both in men and women, are regarding life as a humiliating, cruel, practical joke of which they are the object. If these individuals are sane they certainly are OVER-STRAINED and their over-strained and tired-brained constitutions lead them to an act that I for one believe is the result of the factors that we have to consider in the age in which we live. Think of the fact that State upon State, with numerous and large hospitals for the insane are crowded to the guards with patients and that applicants are being refused, and you will gain some idea of what it means to the mental status of the people of this country. Pessimism is not a part of my nature, but I look with dread akin to terror upon the steady growth of nervously degenerated and breaking down human beings and wonder what will be the future's heritage.

III.

Alcohol, morphine and allied drugs have marvelously increased in their consumption and this is but a signpost, indicating the trend of the nation. When we stop and consider how many weak, unstable and erratic people there are in this world we gain some idea of the danger of the acquirement of these habits by even the medicinal prescription from the physician, and it behooves him on his part to consider the ravages that are being made into the nerve force of the nation when he glibly prescribes alcohol in any form or administers a single hypodermic. From time immemorial men have asked the question "Can sorrow from the goblet flow?" Each and every human being possesses an innate desire to escape suffering and discomfort, the wear and tear, the turmoil and upsetting of this life; a desire to seek pleasure and happiness even if it be purchased at the price of destruction. These drugs, for alcohol should be so classified, drown, obtund and shut off all the highest and most beautiful of the mental faculties, those that raise men as high above the brute creation as his Maker is above him.

With the loss of these controlling factors of brain, moral degradation, physical ruin is but a short step and this, alas! is not limited to the individual who foolishly or unwillingly partakes, but it becomes the cause of suffering homes, wretched and sad eyed women, neglected and beaten children, a stigma alike to the individual, his nation and his civilization. No one who has had as intimate an opportunity as myself to see the depths to which these narcotics and anesthetics may bring an individual and his family, and, on the other hand, the glorious joy and bright happiness that come from temperance and temperate living, can but believe that total and absolute abstinence is the only hope for the unstable ones and, in fact, the best prescription for the stable ones. Let us pause for a moment and ask the question as to whether this is a vice on the part of the individual or is it the resultant of certain factors acting upon an already high strung nervous organization? I am satisfied that we should regard addiction to alcohol and narcotic drugs as a disease and not a vice, a peculiar state of the nervous organization which, keyed to the highest pitch, seeks in the consumption of these drugs a sedative, relaxing and quieting influence to relieve the intense tension under which we work. Thus they in their turn prove but one link in the vicious chain or cycle that is influencing and modifying the whole age in which we live. It were against common sense and the laws of God and man to believe that from such parentage healthy and strong children could spring, those who would be an honor to their State and their country; and thus the weakened individual and victim carries his unfortunate curse into unborn generations.

IV.

Life is a sacred thing and Mammon

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and his millions are not all that constitute it nor its hopes. Millions, when properly used, are capable of giving not only their owner great pleasure and the many comforts and luxuries of life, but confer upon those who own them happiness, provided they are rightly and properly spent. I say it without hesitation that as a choice between being the author of Goldsmith's "Traveler" or "Deserted Village," Gray's "Elegy in a Country Churchyard," "Thanatopsis," the discoverer of the diphtheria antitoxin or a method to aid the tuberculous and millions I would much prefer to hand as a heritage to coming generations the gems of literature above noted or confer upon the hopelessly ill the boon of a great discovery. One of the saddest of all sights to the thoughtful man today is the selfish life of those who follow Mammon and his ways. Where are the entertainments now purely scientific and literary? What is becoming of the lecture bureaus, music, art, poetry and the drama? Nothing, unless attached to the other end of the string is the almighty and ever present dollar. Who would think today of "wasting his time" on a lecture on astronomy, science, art or literature? In fact it has reached a point almost where necessity is driving men to consider money at every turn. Stop and think of the astounding fact that ten per cent. of the population own 90 to 92 per cent. of all the property in America, and that in spite of the fact that we apparently have with us "the full dinner pail" and the cheering bowl of prosperity, it is estimated that 20,000,000 people are facing poverty and the want of their daily bread; that morality has been so lowered by the present strenuous living that immorality in the cities and towns has increased until it is simply appalling and beyond belief. The divorce court, thousands of deserted wives, all testify to the inability to care for and support those who should be loved and respected. The money god triumphant, has poisoned the minds and the hearts of the men and women of today until a young man with limited means just starting out in life, dare not even think of matrimony and a fireside of his own. In all strates of society a "catch" is sought for; that is to say happiness and peace and content are not asked for with the blessing of Deity, but instead it is "how much money" in order that a vulgar and constant parade may be made of wealth, much of which, to put it mildly, is ill gotten. Our esteemed President has called attention to the decreasing birth rate in America and to the fact that a "race suicide" is taking place. Is it because parents cannot support children that they are not brought to brighten households and make hearts happy? It seems to me that this is partly true, but, on the other hand, that the increased cost of living and the desire to "make a show" tends to prevent the growth of large families, for the selfish motive of wishing to enjoy life and to make a show overcomes the instinctive law of Nature. Morality and the ethical code of living cannot rise on such a basis for, say what you will and do what you may, the violation of God's laws brings with it a retribution that while it may not be swift still it is fearfully and certainly sure. What an outlook,—alcohol, drugs and the love of money,—which is the root of pretty nearly all that is evil.

V.

The nation is degenerating physically. In a land where "wealth accumulates and men decay" we only know too well what history has taught is the ultimate result. We used to look with glad and longing eyes to the country with its green fields and pastures, with its fresh air and sunlight, for the strong and sturdy farmer boy as a basis upon which the nation might thereby be benefited propagation of strong and healthy men and women. It was hoped that he would be spared in usefulness and entirety that the nation might restand thereby be benefited by the propagation of strong and healthy men and women. It was hoped that he would be spared in usefulness and entirety that the nation should rest for the continued and regenerated, but this was not to be. The combination of capital, the aggrega- factory, but those that God gave to man out of the plenitude of the soil, and as a natural result the farmer is compelled to as carefully watch the markets and

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state of the public financial pulse as did formerly the broker and the city man, so that today with the telegraph, the telephone, with stock quotations and changes in markets, with the influence of world-wide diplomatic relations, he is compelled to be alive to the age in which he lives or else succumb inevitably to its gigantic progress. But we have been drifting away from anything that develops the brawn of the individual. This is seen in the labor saving appliances and modern inventions, in the rapid transit in cities that enables the individual to ride when he ought to walk, all showing a tendency not only toward physical deterioration, but toward a tendency to disregard this essential element of life in the strenuous endeavor to make money and avoid physical work. It may not be amiss to call attention to the wonderful use the Japanese make of physical exercise which forms a part of the national system of public education and has even in a short time raised the stature of these little men quite perceptibly. This physical decadence is a dangerous item in the sum total of the nation's danger.

VI.

The Press, what is it? One of the greatest engines of civilization; without it darkest Africa. I have a high appreciation of the great mission of the Press. As an educator of the people in the important and daily interests of a great country; of a Press unvenalized, that stands for all that is right and good and true, defending the cause of the people and standing for the right of the individual against the aggressive encroachment of wealth and power. Think of the marvelous methods of collecting news. Think of the labor and the brains involved. From Morocco, from St. Petersburg, from Berlin, Tokio, Canton, and London; from New York, San Francisco, Chicago and New Orleans; from the country and from the city there comes from each a modicum of news, the accurateness of which is startling when we consider its scope. There has been developed as a result a brilliant group of men with a peculiar terse literary style who labor unceasingly night and day in the dark and light, like great genii, in the almost unknown and unknowable accumulation of interesting news. To one who has stood and seen the "make up" and printing of a great paper the marvel becomes still more marvelous. The great presses seem to groan and thunder under the mighty touch of steam and electricity, sending forth in the printed and folded papers the condensed news, the happiness and sorrows and horrors of the entire world. America in this particular is ahead of the world and the newspaper, honest and untouched, could be one of the greatest factors in the world for good.

Look upon that picture and then upon this. A venalized Press loses its mission; its honesty and its self respect are gone; who can then respect it? Deep in the grime and filth of politics knowing as the Press only knows the true and intricate facts of this system, it could protect the people, create security and happiness little short of the days of the hoped for millenium. Unvenalized it could cleanse politics, business life and professions by eliminating the dishonest, the worthless and the untrue, cultivating in its different spheres of life the sturdy and hardy oaks of manhood and crushing out the slime and rapid growing mushrooms of fraud. The Press holds within its grasp the power to ruin almost any individual and it is gratifying to know how rarely this is used. It is sad to note the growing morbid mental state in the people of this country who seem to desire papers to "feature" scandal and murder, social filth and degradation, quacks and adventurers until it has reached a point where even men turn from it palled with the sickening and horrifying details that revolt all that is good and true, moral and virtuous in the best of manhood and womanhood. Editors rarely stop and reflect that they are not only a constant, but a large factor in the production of the present increase of nervous and unstable men and women. The constant excitement and repetition of the unfortunate facts above mentioned cannot but be bad for minds and nerves, unsettling for pure

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and youthful minds, a preventive of high ideals and pure morals, a constant wear and tear.

Gentlemen of the Press, your mission is one of the noblest and grandest in the wide fields of literature and letters. Keep it undefiled and in as great purity as the untrodden snow.

VII.

The public service corporation has probably had as much to do with the general upsetting and unbalance of the individual today as almost any conceivable factor. Modern over-capitalized corporations are conceived in iniquity and born in sin, are the result of the debauchery of politicians who are willing to deprive the people of their rights. We have excellent authority.*

for the statement that the great wealth attained by the very few in this country has been largely gotten through this debauchery of the public service corporation by a formula of making something from nothing and then selling it to the public. And how is this accomplished? It is a sad commentary to think that one of the foremost and most brilliant legal minds of America, trained with all the intricacies of the law, should have loaned this knowledge and this ability for the plain, simple purposes of fraud. Coming as I do from a long line of lawyers and knowing the legal fraternity with a fair degree of intimacy, I do not hesitate to state that there are good lawyers and bad lawyers, but were it not for this fraternity it would be almost impossible for these corporations to continue the robbery of the people by watering stocks and high rates, thus depriving the investor of the security of his money, costing the individual vast sums for freight or travel and depriving the employe of the legitimate right to participate in the earnings of these great roads, steam and electric, that have literally covered this great country like the meshwork of a spider's web. It has become a fad and perhaps a fashion for lawyers to indulge in loud-mouthed railings against the medico-legal expert, but the harm and the crimes of the calendar unjustly charged against him in many instances are but as a mote in the eye compared to the beam of wretched dishonorable and even criminal practices in which they themselves are engaged, that a few may, like the buzzard, feed upon the carcasses of the wretched and unhappy public.

VIII.

Closely allied to the foregoing and a natural outgrowth of greed, oppression and fraud are the great aggregations of capital or wealth commonly designated as "trusts." These represent the 10 per ent. of individuals who hold the 90 per cent of wealth, their object is the crushing out of the small or middle man, to secure a market without opposition, that can be so manipulated that prices may be changed to suit the whims and caprices of this depraved class. Stop and think what a terrible influence it must be upon the mind and nerve, the health and happiness of some one of you, my brethren, who are slowly but surely being crushed beneath the upper and nether millstones of these terrible powers. It not only means the crushing out of financial competition, but it literally means the checking and ruining of individuality, that one particular item that is the greatest force in the make-up of a free and independent republic. There is probably no more stimulating incentive to labor and exertion, to the honorable pursuit of business or profession, than the privilege of owning and operating your own business. Pride of possession becomes with many a creed and as Zola once has said that when an individual tastes of possession and owns the land on which he lives a certain hunger comes to him from which he never recovers. Do you think that this individuality, both of thought and action, is cultivated by rendering men and women dependent upon a "trust" for a meager salary and existence? For as long as this exists there arises a constant worry over the one thing of all

*Chas. E. Russell, "Where did you get it, Gentlemen?" Everybody's, August, September, and October, 1907.

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others that is most important to us, namely the uncertainty of living. Fears, worries and depression destroy the happiness, individuality and activity of the individual and render him less of value as a unit in republican countries and institutions, for with this destroyed, blunting of mental activity, a feeling of "don't care" takes place and the field of endeavor is lessened.

Think you that the physician is not markedly influenced by these causes? The minute you make the uncertainty of living great that moment does the uncertainty of recompense to the professional man become a live problem and he becomes one of the group of "uncertains." With this wear and tear and this worry it becomes more difficult for him to cure his patients under these circumstances, for it is axiomatic that the heavier the mental load and worry the greater the difficulty of a physician in lifting his patient from the sea of disease and disorder. God Almighty, himself, and the constitution of this great and noble country gives us all not alone the right to live, not alone gives us equality before the law, but says that we may expect reasonable happiness as well as the promise of joy beyond the grave from right living, but these "bodies corporate," these heartless, bloodless, nerveless bodies have set a new standard and "into their make-up no pity or thought of the morrow enters for a moment. They have woven the net so close that it seems literally a vicious circle so that the dollar starting from their pockets makes a circle only to return to the original starting point."

Are these men honest? The question is easily answered. The late President Harrison, in a speech at the Auditorium in Chicago, said that the middle and poorer lasses, the laboring man and the farmer are the men that pay its taxes. The men who speak to Sunday-school classes and write articles upon "Honesty is the Best Policy" and the "Importance of a Good Moral Character in Starting Out in Life" are the men who engage in tax dodging and in falsification every day of the year. "These are the people whose morality is such," says Congressman Cushman, "that they would rather cut a dash, would rather ride in a mortgaged automobile, on borrowed gasoline, than walk in the paths of honorable obscurity in virtuous unostentation." Even those who peruse superficially the papers of today know that these men in the supposedly high places of the country are guilty of crimes that come well within the moral and probably within the criminal category, were it not for the fact that they have "Slick" enough lawyers to get them out. What a commentary, what a thought that those who should lead and by their example set for us a moral standard, are the very ones that are holding the mirror up to Nature, the reflecting image of which is so sad and so horrible that we dare not glance into its surface.

IX.

Combinations of capital and wealth wrought these evils. The helpless and the working class were compelled to retaliate; they combined and as an outgrowth we have the labor unions. As a corollary to what we have said it may be stated that labor is the body that is most affected by these conditions of combination and finance and that it is to this great body that we physicians must look ofr our living and sustenance just as the merchant and the manufacturer has to do, for 90 per cent. of our practice is made up of the respectable middle or so-called common class of people. If they are crushed and starved we starve with them; if they are injured so are we, and hence what is their interest is our interest and we are inseparably, as physicians, bound to them by ties which cannot be easily severed. Who but physicians know the difficulties and the sufferings of these people and how hard it is for physicians to practice among them, lacking as they do many of the conveniences of life? Their only hope was "L'Union Fait La Force," for they were the grain that, as we have said before, were fed between the upper and lower grindstones, oftentimes regarded not at all by either side.

A careful study of the forces at war between labor and capital will show the frequency with which the strike is

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directed against the public service corporation and the trust, probably because they have been able to put the thumbscrews on just a little tighter and press down the grindstone just a little bit harder. It is then that the innate and fundamental desire to preserve life and existence comes into effect and the organized body of men strike back. Nothing is more regrettable than the states of warfare that succeed these fights. The cruelty of the corporation on one side and the cruelty of outraged manhood on the other. I defend neither side but by all of this the people are upset, disturbed, their business interfered with, their interest directly involved, and thus the public is made not only to suffer in purse, but has a strain put upon them sometimes more than mentality can bear. I have seen sick men and women worry themselves frantic over a strike, not alone because of the loss of money and time to those upon whom they depend, but because of the actual physical danger involved.

One cannot blame a just and reasonable objection on the part of men to be ground down and overworked. It is this feature that probably has a great deal to do with the frequency of wrecks upon the rails of public service corporations, for back of all the causes to which these wrecks may be attributed is the principal, primary or predisposing one, of a worn out, exhausted nervous system in engineers, firemen and conductors, indeed in all those connected with these bodies. I have seen many of these men who were actually so exhausted that they should not have been at work and yet were compelled to do so for fear of losing their "runs," and thus the sustenance of their families. Physicians know how to sympathize with these men for they themselves have experienced the same feeling and had just such experiences. But it is not alone the laboring class that suffers, for as Dr. Notman said of the death of Hon. James H. Eckles, of Chicago, that he had been cut down in the prime of life by the strain of business and that the lesson of his death should be taken to heart by business men who should try to set aside the strenuousness of their life as much as possible in order that they might live to a ripe old age and enjoy the fruit of reasonable labor.

X.

Politics represents probably at the present day the worst feature of our republican institutions and exerts a profound and extensive upsetting effect upon the lives and nerves of the American public. It is a maelstrom and cesspool into which one has neither time nor inclination to delve, for it is probably more patent to the average individual than some of the facts that we have considered here tonight. It is but typical of the conditions existing in many lines that are closely identified and associated with political life. What would the good forefathers of this Nation have thought if they could have known that during the year 1906 fourteen and three-quarter million dollars were stolen through forgery, bank wrecking, defaulting and embezzlement? What would they have thought of ten and a quarter thousand suicides; nine thousand, three hundred and fifty murders; a proportionate amount of other crimes, ill health, domestic infelicity, intemperance, despondency and insanity in many who remain? Passion and appetite, dishonesty, bribery, graft and corruption, the weakness of officials to enforce the law, the benefits of special privileges to the few and a denial of equal rights, all by those sworn to uphold the law before God and man. he failure to appreciate the Golden Rule of "live and let live" has resulted in producing widespread evil effects that alone would require hours to consider and can only be touched upon in the briefest possible manner in the short time at our disposal. Think of the brazen utterance of a great financier,* stating that "if he wanted legislation from a State legislature he could easily buy it; that he could buy Congress, and that, if necessary, he could buy the judiciary." What the we coming to? Can it be possible that the sole hope for the preservation of the greatest institutions of liberty and the protection highest and most sanctified of positions

* E. H. Harriman

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give way before the pressure of the money god? Sad is it to relate that even the churches and often-times ministers of the gospel are compelled to follow out lines of "policy" because of the dominant influence of moneyed men in Church and State. At least we could hope that our judiciary, who give to us the human interpretation of justice and equality, and those who teach us the beneficent message of God to his people, should at least keep themselves as spotless as the driven snow and not permit themselves to fall and be trampled into the slush and mire of the street. Can any other thought be more unsettling than this?

A certain prominent Eastern financier * has stated that he has a REMEDY for the existing evils of Wall Street and the rotten financial and corporate institutions that have flourished in this country. Alas, we have as yet been denied the pleasure of knowing what this measure is and in what way his astute brain has conjured up a method for defeating the hitherto invincible forces of Mammon.

Shall I attempt to offer a suggestion that will render this present life less strenuous, less nerve-racking, less trying? If I were asked to encompass it in one word I would say "Education;" that is the keynote. Education not alone as it is understood today, meaning education of the brain, an improvement of the mind, but an education of morals, an improvement of ideals. When the people become educated to these facts they will send to the legislative bodies, National and State, honest men of ability, blest with health and strength of mind and with a reasonable and fair possession of this world's goods. Men of the plain and simple style, stamped with the rugged power and individuality of a Lincoln or a Roosevelt; men who would spurn to do a dishonorable act and would feel that the poverty-stricken masses would be granted their rights, given an opportunity to live and let live, to have the pleasures and happiness that God and the constitution foreordained for them, who would control excessive wealth-getting by irregular and improper methods, who would spurn the very contact of the odious individual whose method of gumshoe bribery and corruption has been the curse of legislative bodies for several decades. Into the eyes and faces of such men the sneaking lobbyist and the unconscionable legal viper would dare not look and trickery would cease to be prolaimed as virtue.

You will possibly say that this is a chimera, a Utopian dream of one who has never seen nor known "practical politics" and corporate methods. To that impeachment I would be compelled to plead guilty, but it is just Utopian enough to make one hope that politics will lose its practicality and that men will no longer be politicians, but in their sturdy manhood will rise to the point where they are statesmen. When this state is reached we may expect to see some of the golden era that we have all longed and hoped for. When that time comes men may labor with the feeling that they will receive their full and justified reward. The smile of gladness and the laugh of joy will be in the hearts of women and children now oppressed. No longer greed and avarice will be spread over the land like some great and monstrous octopus, sinking its tentacles into the hearts and vitals of the people. Then the air that we breathe, the acts that we do will be freer and nobler from the example set us by those we have honored.

With education will come the fine discriminating intelligence in the casting of the ballot. Nor should the doctor in his relation to his people and to the body politic fail to take an interest in politics, not as an office seeker, save in certain instances, for I do not believe that he is fitted, because of his work, to take this part, but he, like others who believe in civic righteousness, should take that interest in his governing power that will lead him to cautiously and carefully select those only who are by nature and by proven living the men capable of fulfilling this Utopian dream. Some physicians should always form a part of every National and State legislative body. They should be physicians who can

* Thomas W. Lawson, of Boston, Mass.

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afford to devote themselves to the public welfare without the need of profit or personal recompense. It should be their duty to see that in the enactment of laws the health of the individual and the public is safeguarded; that nothing is done that will pander to those elements whose sole aim is their own aggrandizement or personal gain and who never consider the needs of the individual or the public. Were this dream undissolved we might then hope to see the noble Ship of State steered with unshaking and unending accuracy between Scylla and Charybdis, justly and truly controlling the predatory instincts of corporate greed on the one hand and on the other protetcting the interests and rights of the people and seeing that both receive equal justice, with special privileges to none.

INTRACRANIAL LESIONS OF OTITIC ORIGIN.

John J. Kyle, M. D., Indianapolis.

It may be taken as a truism, that a discharging ear, either acute or chronic, is a dangerous ear. Also that an acute fulminating otitis media purulenta is more dangerous than a chronic purulent otitis media. Considering the great number of cases of acute purulent inflammation of the middle ear that recover completely without any complications, it would seem that my truism is not a truism at all; however, the proof that I shall offer will convince all I hope of the truthfulness of the statement that a discharging ear is a dangerous ear.

The avenue of extension of infection to the brain from the middle ear may be by metastasis or direct extension by continuity of tissue, be through the roof of the tympanic cavity, the mastoid antrum, the mastoid cells, the internal ear, the internal auditory canal, as reported by Pierce and Toynbee, the acquedutus Fallopii, the carotid canal, the foramina for nutrient vessels to the middle ear, communicating veins with the jugular fossa, the foramen for the auricular branch of the vagus nerve and the fissure of Glasier, which contains the tympanic branch of the internal maxillary artery, by the vascular interspaces between the unossified and the ununited osseous portions of the temporal bone, especially in infants, and by the small venulas traversing the mastoid region.

Among the intracranial lesions which may originate from the ear and its adnexia, are tumors, insanity, cholesteatomata, acute or chronic cerebral or cerebellar abscesses, leptomeningitis, pachymeningitis, basilar meningitis, serous meningitis, meningism, as described by Chevalier Jackson, epidural abscess, sigmoid sinus thrombosis, jugular and sinus thrombosis, sinus phlebitis, cavernous sinus thrombosis, brain tumors, local cerebral softening, caseous degeneration, gangrene, thrombosis of the cerebral sinuses, ulceration of the brain and primary bulb thrombosis. The last condition, however, is one open to question.

It is difficult to secure accurate statistics in regard to the frequency of brain complication in acute or chronic ear disease; however, in a review of twelve thousand, seven hundred, forty-four cases of suppurative ear disease treated at the Manhattan Eye and Ear Hospital, Harris found that sixty cases suffered from meningitis, twenty-three from sinus thrombosis, and seven from abscess, six of which were located in the temporal lobe, and one in the cerebellum. In my own modest practice during the past two years, five cases of sinus thrombosis have been observed, one abscess of the brain, and two cases of meningitis. My five cases of sinus

*(Read before the 58 Session of the Indiana State Medical Association, May 22-24th, 1907.

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thrombosis all followed an acute otitis media purulenta, three of which died and two recovered. It is from this experience that I feel justified in making the statement in the beginning of this paper, that either an acute or chronic discharging ear is a dangerous ear.

The prognosis of intracranial complications depends primarily upon early operative measures, and secondarly upon the thoroughness of the operation. There always comes the question in the treatment of acute mastoiditis as to the indications for abortive treatment and the time that should elapse before resorting to surgical measures. There is no fixed rule that can be applied to the abortion of acute inflammation of the mastoid; the success of the treatment is dependent upon the general vitality or opsonic index of the individual. If the opsonic index is low, to the excited organism, the disease will probably resist any abortive treatment, and if high and treatment is scientifically applied, the disease may be blocked in its destructive process. Rest in bed, free purgation, a diet of predigested beef or liquid peptonoids, and dry heat continuously to the mastoid will, if it is possible, establish a local healthy metabolism more speedily than by any other method. If, after forty-eight to fifty-two hours, there is no remission of the swelling and temperature, operative measures are indicated. **The danger of a mastoid operation, as an operation per se, are much less than the uncertainty of the future of a mastoid suppuration at any stage of the disease.**

The character of the infection varies, and may be monobacterial or polybacterial, and may spring from a suppurating ear or from a non-suppurating ear. Infection may spread to the meninges from a non-suppurating ear as well as from a non-suppurating frontal or ethmoid sinus. As long as there is an existing foci of infection near the brain, under favorable conditions, an extension to the brain can be expected. It is often very difficult to explain the avenue of infection in the many forms of meningitis; it is reasonable, however, to expect infection to be carried more rapidly where the vascular interspaces are the greatest and in the closest relationship, and it is therefore probably true that it is through the nose or ear that infection is most frequently carried to the brain.

The organisms most frequently found in brain disease of otitic origin are streptococcus pyogenes aureus, staphylococcus pyogenes aureus, tubercle bacillus, Eberth's typhoid bacillus, Klebs-Loffler bacillus, the bacillus diplococcus intercellularis of meningitis, and the pneumococcus.

I desire to call attention to the danger of removal of a polypi from the ear in an old suppurating wound, on account of the not infrequent connection of such growths with the cranium, and secondly to the danger of applying escharotics or forcing strong fluids into the ear for the relief of suppuration. Where there is a formation of polypi, there is usually a necrosis of bone, and if the polypi spring from the attic of the ear, there is always the possibility of an erosion exposing the dura. We should also remember in treating a suppurating ear, that possibly a chronic brain abscess may be draining into the ear. Such conditions have been observed by Hoffman, Albers, Macewen, and others.

Macewen observed a case in which the surgeon flushed the ear with a solution of nitrate of silver, forcing the fluid into the cranial cavity, producing death.

In the treatment of suppurating ears, free drainage and cleanliness without resorting to force, should be a ruling principle.

In a consideration of insanity from otitic origin, it would be interesting to have the statistics from some of our great hospitals, especially our Central Hospital for the Insane. However, I know that in many cases of chronic suppuration of the ear, with slumbering mastoid inflammation, having constant or periodical headache, absorption of morbid products and a general lowering of the physical and mental tone sufficient to excite the alarm of observing parent or physician, these symptoms may progress, and if not relieved by operation, may end in insanity or some suppurative brain disease.

The followng case will portray such a

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condition and show what we may sometimes find in individuals with a suppurating ear where symptoms are too frequently attributed to indigestion, eye strain, or some imaginary disorder.

Case 1. Chronic discharge from the left ear for eight years, no odor to slight discharge which was detected glazing the inner tympanic wall.

Blood examination: by Dr. W. T. Dodds.

Red cells,	4,536,000.
White cells,	10,000.
Polymorphonuclear variety	8,800.
Mononuclear variety,	600.
Lymphocytes,	400.
Transitionals,	200.
Hemoglobin,	393.
Color index,	102.

Microscopical examination of pus from middle ear:

Large cuboidal epithelial cells, many pus and mucous corpuscles: staphylococcus in abundance and a diplococcus intercellularis meningitidis, the latter being in the pus cells.

Urine: Two per cent. urea, excess of chlorides uric acid and urates.

The above examination with subjective symptoms, indicated necrosis in flat bone and general absorption, with a disposition to cerebral complication. Meningitis serosa is but a short step from meningeal irritation due to middle ear suppuration. The serous meningitis of Quincke in complication with acute otitis media or accompanying or following a mastoidectomy, is an especially interesting condition; first because of the alarming symptoms, and second, because of the favorable outcome, many times, of the disease. Serous meningitis of Quincke is suddenly, during the otherwise seemingly satisfactory course of the disease, ushered in with a high temperature, rapid pulse, delirium and symptoms of pressure in the posterior fossa. There may be present optic neuritis and strabismus.

I have already referred to the meningitis of Quincke and shall, on account of the time at my disposal, only refer to two cerebral complications, meningitis, and sinus thrombosis for the reason that they are the most frequently observed and of more interest, leaving the other complications to some future paper.

Meningitis may take on so many variations that it is quite impossible to classify accurate differential symptoms, or prognosticate the condition. Not infrequently, symptoms point to positive brain complications, only to show no lesion whatsoever at the post-mortem table, as shown by Whiteneck (Journal of Laryngology, June 1906.)

Meningitis may imply pachymeningitis or leptomeningitis; however, the latter lesion is implied in a discussion of meningitis. Meningitis may be purulent or serous; on account of the varied degree of the latter lesion encountered originating in the ear, it is really of more prognostic interest than the cerebral or cerebellar abscess. The differentiation, everyone admits to be frequently difficult.

Meningitis due to the pneumococcus runs a much more rapid course (five to six days) than that due to infection from the diplococcus of Weichselbaum or the tubercle bacilli, which may run a long course, varying from a week to two or three months. In favorable cases, however, the improvement usually begins after the first week.

Cerebrospinal meningitis is presumed to be due to the diplococcus intercellularis alone.

Meningitis may be due to single or double infection, which may be caused by the diplococcus of meningitis, the staphylococcus or streptococcus pyogenes aureus, the pneumococcus, typhoid bacillus, bacillus tuberculosis, gonococcus, as observed by Trow as a cause of mastoiditis (Canadian Pract. and Review, 1903), the Klebs-Loffler bacillus, the streptococcus of erysipelas, the grippe bacillus and unknown bacteria. The tubercle bacillus or the diplococcus intercellularis meningitidis of Weichlesbaum may multiply and remain within a suppurating ear, causing a condition of slumbering mastoiditis, which for years produces a slight irritation of the meninges, only awaiting an attack of influenza, pneumonia, typhoid fever or some disease sufficient to lower the resisting power of the meninges to bring about this severe complication.

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In one case observed by the author, one week after simple mastoidectomy following acute otitis media purulenta, there was delirium for two weeks, with a temperature varying from 100 to 105 degrees. In this case, no operative measures were resorted to and the patient made a perfect recovery. Cerebral symptoms of pressure were present, though not profound. There was present high temperature, delirium, and a rapid pulse, though no optic neuritis. A condition of this character was evidently metastatic and due to the organism producing the mastoiditis, the streptococcus pyogenes aureus or its toxins. The blood examination showed a high leucocytosis, with abundance of polymorphoneuclear leucocytes. In this case, a purulent discharge persisted from the mastoid wound for two months, completely disappearing with perfect healing of the wound.

According to Quincke, any opening made into the arachnoid space will be followed by a cure.

Ballance, in a discussion of a paper by Dench, on treatment of intracranial complications of middle ear suppuration, read at the section on Laryngology and Otology of the A. M. A., June, 1906, said there is a rise of temperature, slowing of the pulse, vomiting, dizziness, stability of the pupils, and some redness of the optic disk, and that the condition can be relieved at once by lumbar puncture. Dench (ibid) said, "I am inclined to believe that the best plan of treatment is to relieve the pressure by lumbar puncture, and failing in this, to relieve the increased pressure by craniectomy, followed by an incision of the dura and of the cerebral substance." He also said he believed it better, provided the ventricular distension is not sufficient for free drainage after brain substance has been penetrated for the distance of an inch, to simply incise the brain substance.

In addittion to the symptoms enumerated by Ballance, the general symptoms of meningitis are headache, delirium, muscular twitching of the arms and legs, grinding of the teeth, involuntary discharge of urine and the feces, contraction of the muscles of the neck, relaxation of the muscles of the abdomen, causing the classical, so-called boat shaped abdomen, pupils injected conjunctiva hyperesthesia of the muscles of the neck and calves of the legs, and sometimes general cutaneous hyperesthesia.

In very young children, epileptoform convulsions and opisthotonos may be the first symptoms of the disease, with now and then a peculiar "hydrocephalic" cry. The temperature may vary from 100 to 106 degrees, and the pulse from fifty to one hundred twenty per minute, with a tendency to drop to the lower figure.

Kernig's sign is usually present, i. e., an inability of the patient while lying on his back, to flex the thigh without at the same time flexing the leg, and also the inability to completely extend the leg.

Trousseau's sign may also be present as shown by the contraction of the muscles of the upper extremities, following pressure upon the tendon of the biceps.

According to Korner, motor aphasia is more frequent in meningitis and is due to severe exudation into the sylvian fissure.

In enumerating the eye symptoms observed in meningitis, I can do no better than report the compilation on the subject, by Robert B. Preble, Progressive Medicine, Vol. VIII, No. 1.

"Heine reports a study of the eye disturbance in epidemic meningitis, based upon study of one hundred cases. Disturbance may appear in the motor apparatus, the sensory tracts or the nutrient portion of the eye. One should not include here, the cases of conjunctivitis, keratitis, and the like, which sometimes develop in the course of this, as in other severe infections, when the patients lie unconscious with half open eyes, for a long time.

Hemorrmage into the retina is seen very much less often than simple intraocular optic neuritis. This is more often due to a descending neuritis from the basal meningitis. Sometimes there is a neuritis of the optic nerves behind the bulbs and without ophthalmoscopical findings, unless optic atrophy results. The frequency of secondary optic atrophy is not yet determined for want of sufficient statistics.

Metastatic ophthalmia is seen and is usually severe.

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Involvement of the motor oculi nerves also occurs.

They are almost always basilar in origin, more often unilateral than bilateral, and oftenest the abducens paralysis. Not rarely one sees a more or less complete paralysis of all the eye muscles. Ptosis is strikingly often absent. The milder cases recover completely.

Of the one hundred cases examined by Heine, twenty showed eye symptoms which totaled thirty in number. There were nine cases of unilateral or bilateral optic neuritis or retinitis, thirteen with motor oculi paralysis and five with opthalmia."

Blood examination in meningitis shows a high leucocytosis, varying from 40,000 to 47,000 (Emerson), and, according to Preble, there is no material difference in the counts shown by the cases ending fatally and those which recovered.

Lumbar puncture in meningitis serosa or purulenta, is a proper procedure for two reasons; first, a relief of the pressure in the sub-arachnoid space and ventricles, and second, as a diagnostic measure. The fluid, as described by Schottmuller, may be perfectly clear in meningitis, ranging from that to a cloudy or purulent fluid. The cocci vary in number, the number having no relationship to the color of the cerebrospinal fluids. In brain abscess, the cerebrospinal fluid is clear and free from cocci.

According to Lenhartz, the amount of fluid to be withdrawn should be from twenty-five to forty c. c. at each sitting, and should be performed daily. The question of early opening of the brain cavity for the evacuation of pus in this form of meningits is recommended especially by Friedrich of Kiel. He recommends, if possible, craniectomy at the site of infection, combined with laminectomy, thus establishing drainage of the dural sac (See Operative Treatment of Purulent Meningitis by Prof. V. Hinsberg, Archives of Otology, October, 1906.)

Sinus Thrombosis may involve the lateral, sigmoid, or jugular bulb. All three divisions may be involved at the same time, or the inflammation may confine itself to the one structure, beginning at the torcula and extending the entire length of the jugular vein of the affected side. Other sinuses may become involved secondarily from metastasis.

In diseases of the jugular vein and sinus thrombosis, there may be present metastatic infiltration in the lung, liver, kidney and heart.

Early in the disease there is usually a general malaise and sometimes slight jaundice, followed in twenty-four to forty-eight hours by rigors, which increase in number and severity and are followed by profuse sweating. The temperature is very high, differing thus from meningitis, ranging from 100 to 106 degrees F. The pulse is exceedingly rapid, and as the infection increases, becomes weak and thready. There is rapid emaciation and toward the fatal termination of the disease, involuntary voidance of urine and feces. Abscess of the lung or liver accompanying the disease, may rupture, causing the sudden death of the individual.

Early in the disease, there is pain in the region of the thrombus upon pressure or percussion. Pain in the temple and forehead may be present. Though this symptom may be entirely absent, we not infrequently have tenderness upon pressure, swelling of the tissue over the mastoid and muscles of the neck. The important symptoms differentiating sinus thrombosis are chills, followed by profuse sweating, and high temperature. The intellect is clear during the early stage of the disease and before profound pyemia is established. According to Voss, there is also present enlargement of the spleen, and many symptoms that might suggest severe malarial infection. The disease usually terminates in death in from ten to twenty days. Blood examination shows a high percentage of polymorphoneuclear leucocytes.

The lung complications may be the symptoms which first bring the physician into the case, and not infrequently the otologist does not see the case until the sinus is completely thrombosed and a localized or diffused suppuration has been established.

Leucocytic count shows a high degree of leucocytosis, varying from 10,000 to 40,000. This condition might also be ex-

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pected in acute abscess of the mastoid process, however, a high lencocytosis is indicative of greater extension of suppuration than in the mastoid alone. "The blood may show streptococcic or other infectious organism."

A leucocytosis of 10,000 or more, following a few hours or days after operation and sustained for any length of time, is indicative, according to Emerson, of deeper complications.

The treatment of the disease varies somewhat according to the extent of the lesion. My observation is that sinus thrombosis is more often fatal when the necrosis has extended into the petrous portion of the temporal bone. With a deep necrosis in this region, other complications are more likely to occur.

At present, the question of most importance is, shall the jugular vein be ligated in all cases of sinus thrombosis?
after the expiration of this time it has

Whiting (Archives of Otology, Page 253,, June 1906) considers that the inability to re-establish the circulation from the bulb is a positive indication of resection of the jugular, whether the clot contained at the bulb has undergone purulent disintegration or not; also that the jugular should be resected in every instance when the clot in the sinus has undergone purulent disintegration.

John D. Richards, (Archives of Otology, June, 1906, page 378) says that primary jugular ligation or resection is rarely indicated except in the presence of metastasis.

Kennon (Archives of Otology, June, 1906) says should a thrombus be situated either primarily or secondarily in the bulb, we should at once expose and resect the jugular vein.

Dench (Journal A. M. A., Oct. 1906) says, "Sinus thrombosis recognized early, will be almost certainly cured." Dench further says (ibid). "In a case where the general condition of the patient is good, jugular excection should be performed at the first operation if full hemorrhage does not take place from the bulbar end of the sinus."

Before resorting to the complete excection of the jugular veins, it is well to consider first, whether or not we have any metastatic complications, as pneumonia, abscess in the lung, or septic endocarditis. With such complications, severe in character, there can be no good derived from a primary resection of the jugular vein. Even in a consideration of primary jugular excection, there is the constant possibility of infection, embolic substance passing through the collateral circulation of the neck. In the present light, I should prefer to explore the sigmoid sinus and with the thorough establishment of circulation, plug the wound; finding the bulbar region involved with a retarded flow of blood and the patient strong and with no symptoms of metastasis, especially in the lung, would recommend jugular resection, resecting the vein as completely as possible.

LIVERS THAT HAVE GONE WRONG.

By James Burke, M. D., Manitowoc, Wis.

"Congested" livers and "torpid" livers are always with us in our practice; some times in the acute and at other times in the chronic form.

Most of the chronic cases are caused from bad habits of living; such is the abuse of a healthy appetite; abuse of a sociable disposton , by indulging in the cup of conniviality; abuse of our physical and mental powers, as exemplified by zealous lawyers, clergymen, physicians, newspaper writers, authors, inventors, teachers and farmers clearing up a new country. The removal of the cause is desirable if practicable. But present needs always press us to action, and the condition before us must be treated. If the patient is a middle aged ambitious

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farmer, he must be put to bed, for physical and mental rest, and made otherwise comfortable.

Clear out his bowels with the proper concentration of some saline solution; follow with a liberal use of the sulphocarbolates, acetozone or alphozone or other good antiferments; the prevailing toxins in the walls of his stomach and bowels are generally of the ordinary kind and can be neutralized by the cognate proteid substances chemically combined to make up the complexity of podophyllin, enonymin, chionanthin—in frequently repeated, small doses. The complexity of these three simple forms of medicine, contains a medicinal element, in each, which permeates the interstices of the liver in search of cognate, affinitave substances (toxin) to neutralize their chemical craving to become a more complete chemical product, which in this case is a normal excretory entity. The irritative toxins, in their endeavor to obtain the chemically satisfying molecules from catylization of the cells with which they come in contact, in the liver, being thus converted into a benevolent excretory product, tranquilizes the liver and relieves its congestion and the removal of the newly formed excretory product allows the liver cells to resume normal function again.

But the sedentary brain worker must be similarly made. The stomachic cleaning and mental rest, with regulation of diet remove the cause as far as practicable. The toilet of the alimentary canal should be similarly made. The stomachic and intestinal antifermentative treatment is even more urgent than in the laborer's case; it will take longer to neutralize his (the brain worker's) liver, stomachic and intestinal toxins. These toxins of his are not the same grade as the farmer's toxins; they contain more of the incomplete nerve waste in their make-up, and are more economically neutralized by the use of the cognate entities—juglandin, iridine and leptandrin; in the complexity of these three medicines, there is an element in all of them that permeates the liver and assists in correcting catabolism, by neutralizing cognate chemically aggressive entities in the toxin disturbed liver regions. Besides, the normal morphology of the stomachic and intestinal toxins, to their completion, in becoming normal excretory products, incities the hepatic cells to better function.

The sedentary liver, as soon as his physical strength will allow, should begin to take judicious physical exercise, and use plenty of pure water. The neutralization of stomachic and intestinal toxins, by the administration of their congeners, of the vegetable kingdom, is far short of emesis, catharsis or other disturbance of the workings in the alimentary tract. Just as soon as any of these symptoms occur, the dose is too much for our purpose and the chemically aggressive alkaloid is chemically attacking the integrity of the mucous membranes of the alimentary tract, in the effort to abstract an affinitive cognate to make of the alkaloid a complete excretory product.

If our liver patient is a tippler, we must be sharp indeed to distinguish all of his toxins; hence most of us must treat him, first, at least, on general principles, by cleaning out his bowels with a combination of calcomel podophyllin, and concentrated saline; next give one grain of emetine every hour till he falls asleep; which he will generally do inside of ten minutes after the first dose, if he can maintain quietly the recumbent position, sleep should continue from four to eight hours.

NOVEMBER.

Winds come to freedom, blow gaily, blow merrily,
Toss the crisp leaves, and sing lightly, sing airily;
With a rush and a swoop
Boughs rise and boughs droop,
While the rain, waiting long,
Adds its voice to the song.
—Norma Bright Carson in November Lippincott's.

AUTUMN.

There's war-paint on the hills,
Firewater in the vines,
So Injun Summer sends
A war-whoop down the lines.
—McLandburgh Wilson in November Lippincott's.

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CONTUSION PNEUMONIA.

By S. E. Earp, M. D., Indianapolis.

This form of pneumonia at various intervals has been described in the medical press and the causative factor differs somewhat from what we indicate by the term traumatic pneumonia. The lung has not been penetrated from an outside force but there rather exists a compression or contusion resulting from the blow of a blunt object. Even without external signs the lobes of the lung may be injured and perhaps remotely from the location of the blow. A chronic condition of the lung or even a tendency to tuberculosis or if there be old adhesions; these favor an injury to the lung tissue. Another feature to which our attention has been called is the sudden onset and short duration of the disease. The case to which I refer seems to belong to this class.

Mrs. J——, aged 40, had for ten years given evidence of glandular tuberculosis Mother and father dead who also gave evidence of this disease but not of a pulmonary type unless it be in the case of the patient under consideration.

The cervical and auxiliary glands were large and indurated and several times suppuration necessitated evacuation. During a period of three years she has had two attacks of pneumonia but for two years her health has been good and there was no interference with household duties. On May 19, in a fit of anger during the night her bed companion struck her in the left mammary region with his knee.

There was a slight extravisation of blood near the nipple which was a very mild discoloration. On the following day pain, cough and fever were present and soon followed by physical signs indicating lobar pneumonia. A bandage was applied to the chest to restrict motion and sodium salicylate anodynes and expectorants were used and the patient was dismissed May 26.

I find in the Deutsche Medezinische for March, Litten calls attention to this form of pneumonia when there are no external signs and yet an ecchynosed lung. A latent disease may be awakened or the results of a former pulmonary affection furnishes a predisposing cause. He says the lesion is most often the result of a fall from an elevation but it may be produced by a severe blow, by compression or being run over or lifting weights. He reports in his exhaustive paper the case of a man who lifted a heavy truck, was seized with pains in the chest and prostration followed. Two days later pneumonia was diagnosed and death resulted in five days. Three other cases were reported to illustrate the condition.

The points made are sudden onset, short course and high death rate which from cases so far reported is 68 per cent.

*Read before Indianapolis Medical Society, Case Night, Nov. 5, 1907.

THE LITERARY HEARSE.

The hallway was deserted,
  There was terror in the air;
I stood alone and trembled
  On the seven-hundredth stair;
My throat was parched and breathless,
  And the speech I'd learned had fled;
I know my quest was hopeless
  In this "Temple of the Dead."

'T was but an office building,
  Where a grim man sat in state,
With shears and active pencil
  To decide his callers' fate.
The dead were budding poets,—
  Story-writers,—even worse:
And they all took silent journeys
  In the literary hearse.

—W. Dayton Wegefarth in November Lippincott's.

NO SUCH LUCK.

Mrs. Howard: Are you having trouble with servants?

Mrs. Terry: Dear me, no! I'm having trouble without them. —The Circle.

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EDITORIAL

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INFECTION FROM SEEMINGLY WELL PERSONS.

In the use of drugs, and in symptoms of disease which apparently seem to be pathognomic there has been a great change and there are many things which it will be necessary to unlearn. There is no reason why this should not be true in reference to sanitary science. Health officers have been in the habit of quarantining for several weeks a person affected with an infectious disease and been considered that there is a freedom from danger. Now we recognize that a patient may seemingly recover from an infectious disease and occasionally carry the infection with him weeks and even years. A good example of this is typhoid fever and particularly diphtheria. There is also a revolution going on in sanitary affairs respecting the probability of infection from the third person. There are men today of some eminence who believe in the direct contact idea of spreading infection of disease only. However of this particular phase of the subject we will speak in another issue.

The opinions of Hericourt and Rieffel were recently translated for the Literary Digest and together with editorial comment are worthy of reproduction which is as follows. It is not the sick who generally spread disease; it is those who are well persons who esteem themselves cured or who do not know that they have been ill. So we are told in a remarkable work entitled "The Frontiers of Disease," by Dr. J. Hericourt (Paris 1907.) The author treats of forms of well-known contagious disease so attenuated as to be almost unrecognizable and yet capable of transmitting the malady in a virulent form, under proper conditions. He is of the opinion that the existence of such forms makes all our sanitary precautions useless, and he would abolish all boards of health and quarantines. The book is reviewed in the Revue Scientifique (Paris) by Aristide Rieffel, who says among other things:

"Persons who undergo weakened infection are immensely more numerous than those who are severely attacked; and they move about while the latter are shut up. It may thus be understood that disease is spread not so much by serious cases as by persons who are suffering little or no inconvenience from their indisposition.

This fact should change all our ideas regarding the prevention of contagious disease. Take the case of a child who complains of a slight sore throat; this is perhaps a weakened form of diphtheria which, falling on a more or less favorable soil, will be changed into a fatal form of the disease. A street car conductor moistens his thumb to give you your ticket; the baker does the same to strengthen his hold on the paper

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that is to wrap your cake this may be the cause of your death, for the conductor or the baker may have pathogenic microbes in his mouth.

"The enforced reporting of disease is of little use, for scarlet fever, diphtheria, smallpox, typhoid, grippe, puerperal fever, etc., all have weakened forms.

"Six weeks after the cure of a cholera patient there are found, in his excreta, living comma-bacilli. Patients who have had virulent pneumonia retain, in the secretions of lungs and mouth, germs that are scattered about them. Gotschlich, in Alexandria, showed that these germs were still virulent forty-eight hours after they left the body.

"To these germs sown by persons who have recovered from disease, add those that arise from persons who do not know they are ill, who do not even feel the necessity of stopping their daily toil, and it will become evident that no sanitary prophylaxis, whether interurban, international, or intercontinental, is capable of assuring effective protection against a contamination so marked.'

"Every traveler knows that sanitary police measures are perhaps more injurious than useful because of the absurd way in which health officers act; but we now know that such measures are altogether illusory, even when applied intelligently and conscientiously.

"What general, conclusion should be drawn from Hericourt's book? This: at present we regard as dangerous only the excreta of persons who are evidently diseased. Now every animal secretion is dangerous because it either does or may contain the germs of disease, which, falling on favorable soil may cause mortal infection. The idea of weakened forms of germ disease, when it has penetrated into the public brain, will impose habits of decency that will save, in time to come, millions of lives, and Hericourt may well be considered one of the great benefactors of humanity."

The author himself, however, draws from the facts that he bring out one conclusion that his reviewer regards as dangerous—that we should despair of escaping the infection that menaces us on ever side and devote ourselves to making our bodies immune to it. Mr. Rieffel reminds us that immunity is often to be gained only by risking one's life, and he condemns the idea that a man must undergo a thousand weakened forms of disease in order that he may remain well. In taking this view he would appear or agree with the anti-vaccinationists. He questions, further, whether it is practically possible to acquire immunity to everything at once. Probably, he thinks, immunity to one disease may involve increased receptivity to another, so that what is gained on one side is lost on the other. Hericourt's general advice to prevent disease rather-than face the necessity of curing it, however, is certainly good, and the reviewer indorses it heartily. Whether by care in avoiding possible sources of infection, where this may be done, or by known processes of immunization where contact with disease is imminent it is certainly possible to minimize the danger that must always to some degree, confront us. He who is forwarned is forearmed. Mr. Rieffel thus concludes his review:

"The Chinese pay their physicians to keep them well; when they are ill, the doctor is considered at fault and must care for his patient free of charge. Hericourt advises us to adopt this wise method. To prevent a disease is also much easier than to cure it. Evidently sickness and death would decrease enormously if every family should ask its doctor, weekly or monthly, for advice on the part of keeping well."

LONGEVITY.

In the last issue of The Monitor there appeared in these columns the expression of our views and those of some others concerning the postponement of death which in part implied that "rest makes rust." An editorial in the Indianapolis Morning Star a few days since falls into line as follows:

With Dan O'Leary walking 1,000 miles in 1,000 consecutive hours, at the age of 65, a number of citizens may well stop to consider whether they are really getting old or are merely getting stiff for lack of exercise.

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There is another avenue to this subject which is suggestive of other means by which the inroads of disease may be prevented. It is virtually an addenda to the treatment of the subject. So notable a person as Sir T. Lauder Brunton discussed some features which are interesting and instructive. In a recent issue of the London Lancet he says that the nature of risks which old people run and how best they may be foreseen and averted so that great activity in advanced years may be the rule instead of the exception. The risks may be divided into those which arise from external influences and those which arise within the body itself. Erysipelas is a common cause of death among the aged and should be greatly diminished by antiseptic measures. Respiratory diseases carry off many old persons. They are usually consequent upon exposure to cold, yet pathological organisms play a most important part. Many so-called common colds are very infectious and readily transmitted. Dust is a most important factor in the causation of colds. Aged people should be protected from dust, from cold, and from sudden changes of temperature and draughts. Wind square in the face is little to be dreaded but on the back of the neck or on the side of the head is much more dangerous. One of the most important means of securing health is to increase the patient's power of resistance. The peripheral vessels of the whole body should be trained to alternate with heat and cold; this is best done by daily baths, exercise and walking. In old age intestinal diseases of bacterial origin are extremenly rare. Cancer is a common cause of death among the aged; it cannot be said how much faulty nutrition has to do with this. Diet has a most important effect upon diseases of circulation, which are more fatal among the aged than cancer. Arterio-sclerosis, with is attendant evils, is the greatest enemy of longevity, and arterio-sclerosis is the result of heightened blood pressure which in turn is most often due to faulty diet, excessive use of meat, strong soups, etc. The blood pressure should be kept down and life will be prolonged. Cholagogues and purgatives, potassium iodide, the nitrites and nitrates are all useful to this end.

THE PSYCHIC FUNCTION IN INFANT FEEDING.

During the progress of a mother nursing her infant there is something more than the mere conveyance of food from mother to child. An influence is yielded which favors a more perfect utilization of the nourishment and a more perfect function is obtained. Of all foods for the infant mother's milk ranks first and all imitators have failed to furnish a preparation equal to it. Necessity may demand the use of artifical food but the "just as good," in this instance as in all others, fails to reach the standard; however the question of infant feeding is one that needs to be studied carefully in order that we may provide a means of sustance for the infant when the mother is so unfortunate as to be unable to provide her offspring with the character of food which rightfully belongs to it. A woman who is competent to nurse a child but will not do so, deprives herself of the holiness of affection and robs her child of its birthright. It is difficult to perceive how such a woman possesses true affection when in this respect she is an unnatural mother. One of the authors of a symposium upon infant feeding which appears in the Medical Standard for November 1907, touches upon the spiritual element of the problem, as the editor says, in a way which baffles chemistry and microscopy because it is not of the milk at all and cannot be measured with scales or isolated by a lens.

This contributor beautifully says in regard to this respect of the subject: "While the mother is nursing her babe, she imparts to it more than food—a solace with the loving lullaby song, that no one else and nothing else can supply, a needed food to the nervous system. In return, there is greater vitality."

The Standard comments as follows:

Never was a truer or more fitting tribute paid by medicine to motherhood

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—by science to the unknowable. This man's long years of experience and practice have taught him more than medicine. Behold, a greater than Solomon is here. It is not even enough to recognize the purely physiologic influence of the mother's psychic function upon the digestive functions of the child. That view of the matter, important as it is and all too frequently overlooked, is not adequate enough. It does not by any means compass the probabilities—nay the almost certainties—of the case

The tender pressure of the tiny body against the mother's responsive bosom; the electric contact of the litle moist lips against the turgid breast; the magnetic influence of the crooning, rocking mother-presence; more potent, because purer, than ever the sexual contact of man and woman, and because exercised upon a far more plastic organism; these are more than mere pretty poetic imaginaries—they are, as our contributor suggests, the most profound and powerful phenomena of nature, no less truly scientific because they elude our instruments of precision.

THE TREATMENT OF APPENDICITIS.

Surgery must be credited with saving many persons who otherwise would have died from appendicitis. Futhermore delay in surgical interference has undoubtedly been responsible for many deaths. The early operation seems to be given the preference.

There is a medical side to the subject but some good results should not cause anyone to decry surgery as some have done but rather there should be a tendency to avoid uncertain results by not making a fad of the operation. The medical treatment of appendicitis is alluded to by the New York Medical Journal, Oct. 26, in a way that is worthy of consideration, it says:

Zollikoffer (Correspondenzblatt fur Schweizer Aerzte) states that the three principal factors of the medical treatment of appendicitis are (1) absolute rest, (2) administration of opium, and (3) diet. The patient often complaining of thirst which the author relieves by saline injections (common salt in sterilized water 0.6 per cent.) given at a temperature of 104 degrees F. Age, or diarrhea are not regarded as contraindications. He has treated twenty-six cases without a death, although several were seriously ill. Although all food was withheld, the patients lost but little weight.

AN ENEMY OF ALL TYRANTS.

From H. Nelson Gay's "Lincoln's Offer of a Command to Garibaldi" in the November Century.

The genius of Garibaldi was more than national; his field of chivalrous action embraced both hemispheres, and the sympathies which the struggle for freedom aroused in his generous heart were universal. His blood was first shed in the cause of liberty upon the waters of the La Plata, his last campaign was that of the army of the Vosges. The independence of Poland, the independence of Hungary, the freedom of the negro slave in the southern states of the American union—all these were causes which deeply moved him if they did not actually secure the succor of his powerful arm. As an American writer declared when it was proposed to erect a monument to Garibaldi in the capitol at Washington. "He was the enemy of all tyrants; he hated every form of tyranny, political or intellectual." And it was in honor of Garibaldi in this universal character of liberator of the oppressed, that the Senate of the United States, on August 23, 1888, voted unanimously to place his bust in the east hall of its wing of the capitol.

THE COMET.

Edward Wilbur Mason in the November Century.

O starry rebel! O impassioned spark!
How brave thy brief defiance of the dark!

Lost, but triumphant when thy flight is done—
O moth that dies but clasps the flaming Sun!

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

IS THE GALLBLADDER A USELESS ORGAN?

Thanks to the development of surgical methods, we have learned that there is quite a number of abdominal organs with which, it would appear, one can dispense, especially when diseased. The most familiar instance is the appendix vermiformis, that alleged useless relic of a lower stage of evolution which plays so important a part in abdominal pathology. We know that large portions of the intestine may be resected without deleterious consequences, that the entire stomach may be removed without marked resulting discomfort, and that spleenless persons get along fairly well. Most of our patients, however, prefer to retain as much of their anatomy as possible, and we should not be ready to consider an organ as useless because we are ignorant of its function. It is, of course, sound policy to remove any portion of the body that appears hopelessly diseased, but should this be questionable, then its alleged uselessness should not necessarily constitute an argument in favor of its removal.

We cannot, therefore, approve of the growing tendency on the part of some surgeons to remove the gallbladder in nearly all cases of disease of this organ on the ground that its functions are of little importance. In the discussion on cholecystectomy at the last meeting of the British Medical Association, Mr. J. Bland-Sutton, in his argument in favor of this operation, made the assertion that the bile was purely an excrementitious fluid. It seems to us that this is merely a theoretical assumption. The physiological investigations of Herter and others have shown that the bile acids play an important part in intestinal digestion, assisting in the saponification of the fats, promoting peristalsis, and preventing putrefactive processes in the bowel. It is for this reason that under normal conditions the bile is especially poured out at the time of digestion, and that the gallbladder acts as a storehouse in the interval. A person deprived of his gallbladder is therefore more liable to suffer from digestive disturbances than one in whom it still exercises its functions as a reservoir. A number of surgeons in the discussion expressed themselves strongly against a routine excison. There are, of course, certain conditions, such as severe and, especially, suppurative cholecystitis or malignant disease, which make cholecystectomy, imperative, but its general substitution for simpler and less radical methods is to be deprecated.

The above editorial from the October International Journal of Surgery will meet the approval of every conservative surgeon.

In a paper entitled Gallbladder Surgery read before the Indiana State Medical Society June 8th, 1905, I said "in calling your attention to the rapid advances that have been made in the surgery of the upper abdominal zone, I want to express the hope that we may not see the pendulum swing to the extreme that was the case a few years ago in appendicitis and disease of the ovaries. It has been advocated by some surgeons when doing an abdominal section that the appendix should always be removed, whether diseased or not, and before long some enthusiast will advise us always to do a cholecystectomy when operating in that region."

I again quote from the same paper "The operation of choice is cholecystostomy; the tendency is more and more toward cholecystostomy in all cases, but I think this should be

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practiced only when there are **positive indications.** Deaver says. 'I believe the gall-bladder is an essential part of the hepatic apparatus, other wise nature would not have made it, and being a great respecter of nature I am slow to oppose her; while on the other hand, I do believe that the cure obtained by the judicious application of the aseptic scalpel of the surgeon in many cases excels natures cure. I entertain the same view in connection with the appendix, as that recently explicited by Sir William Macewen, who has given as his opinion that the appendix has a valuable function as a part of the digestive apparatus. I have always thought it unwise, yes, I may say meddlesome, on the part of the surgeon, to remove the appendix in performing an abdominal operation for some other trouble simply because the appendix was so accessible, and I entertain the same view in connection with the gall-bladder.' "

I have had no reason to change the opinion expressed more than two years ago, and I believe that cholecystectomy as a routine practice should only be mentioned to be condemed.

I am glad that the editor of this surgical journal has sounded a note of warning in this matter as I am sure that it is needed in certain quarters.

T. C. KENNEDY.

SECONDARY HEMORRHAGE AFTER REMOVAL OF ADENOIDS.

Wachenheine concludes an article with the above title in the New York Medical Journal for October as follows:

1. Operate cleanly, with the curette. We work in the dark in any case, and the forceps is a most uncertain instrument when we cannot see; when we use it we are almost sure to leave residua, and may cause injuries, and those very mild cases where a nip of the forceps suffices can usually dispense with an operation. It is my belief that too many patients are now being operated upon, at least in practice among the well to do.

2. Use general anesthesia, so as to be able to operate thoroughly without regarding the feelings of the patient. Even with the best (?) local anesthesia the child's struggles are apt to lead to a harmful shortening of the procedure, which, at the very least, will achieve imperfect results.

3. Warn the parents of the danger of a late hemorrhage. The child should be kept in its room for a week, in bed if it is of a restless disposition. The diet should be absolutely fluid, and preferably cold. Such articles as iced milk and ice cream alleviate the soreness that follow the operation and check a possible tendency to hemorrhage; hot substances are quite painful during the first few days.

EARP.

TREATMENT OF PNEUMONIA.

Frasse in the Southern California practitioner for October '07. Concludes an article on the treatment of pneumonia as follows:

1. Pneumonia is most often due to intestinal absorption which, by lowering tone, allows of lung congestion and inflammation.

2. The further absorption of these toxins is cut short by the sweeping out of the intestinal tract by the best of sterilizers—a mercurial cathartic.

3. If the patient is anemic he should at once be given 20 or 30 drop doses of tincture of iron, a few hours apart, (after the fever has gone down) reducing the dose after a day or two. If the tongue is coated, hydrochloric acid should be added to the iron, so as to quickly re-establish the digestive functions.

4. If the fever has not been taken down by the clearing out of the intestines, ice-bags should be applied to the chest and left on until the temperature goes down to 102; reapplying if it should go up again.

5. To combat general weakness, strychnine, the best of general tonics, should be used, with alcohol if that is needed.

6. For special weakness, tonics addressed to special organs are to be prescribed, as digitalis for dilated heart.

7. Beefsteak, milk and egg substances; dried-out, well-cooked forms of

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starch foods, such as crackers (with plenty of good butter) and canned fruits, as diluents and laxatives, should be ordered as soon as the fever has pretty well subsided, if the tongue is fairly clean; not giving too many varieties of food, at the same meal.

8. Light articles of nourishment, particularly warmed milk, should be administered during the late and early hours to tide the patient over the long night.

9. The pneumonia jacket in the writer's opinion is a relic of barbarism. The writer believes that from its weakening effects he has seen many cases end fatally where, without it, the patient would have had a good chance to recover.

10. Phenacetin and other heart depressing, blood degenerating medicines should be omitted. In case of high fever one single dose may occasionally be necessary, as where one fears that an apoplexy or a threatening convulsion may take place before the regular treatment can be instituted.

11. Old age, in an otherwise healthy person, in spite of the mortality tables shown in several well-known text-books, should not be a bar to a patient's recovery.

EARP.

SCARLATINA AND DUKES' DISEASE.

A. C. Cotton, Chicago (Journal A. M. A., October 26), notices the slowness of acceptance of Dukes' or Fourth Disease as a clinical entity by the medical profession. While all admit the occurrence of cases hard to place and of too frequent apparent exceptions to the law of immunity governing the contagious exanthemata, the skeptics insist that the clinical evidence is yet insufficient to prove the real existence of the Fourth disease. Cotton gives a summary of the symptoms of Dukes' disease as he understands it. It is differentiated from scarlatina by: 1, Long period of incubation; 2, absence of initial vomiting; 3, moderate fever of brief duration; 4, normal ratio of pulse to temperature; 5, absence of characteristic scarlatinal tongue; 6, the absence of, or if present, the fine character of desquamation; 7, the freedom of sequelae; 8, probably the absence of leucocytosis. When one or more cases of apparent mild scarlet fever occur in a family giving a clear history of former attacks of scarlet fever, Dukes' disease may be suspected. Anomalous cases of doubtful diagnosis were exceedingly common during the recent epidemic of scarlet fever in Chicago, and many came to Cotton's attention. Then were but few cases of rubella, as we understand that disease. Cotton is confident that the health department reports represent less than one-fourth of the epidemic. Twenty-four physicians personally interviewed admitted having had 478 cases, though reporting only 117, the others being diagnosable only as suspicious. He also gives a summary of the answers to postal cards sent out which do not show so great a discrepancy, though still showing a considerable proportion of atypical and suspicious cases. Two clinical histories of cases in families are given with a map showing the extent of the epidemic.

CAUSE OF DIPHTHERITIC PARALYSIS FROM ANTITOXIN.

Information of great practical importance is furnished (Bulletin 38, U. S. Public Health and Marine Hospital Service) on the question of the cause of paralysis following diphtheria where antitoxin has been administered. When anti-diphtheritic serum was first employed it was noticed that the number of cases of paralysis following the disease were increased, and by many it was believed that the remedy was the cause. Soon, however, it was pointed out that the apparent increase of cases of paralysis was explainable on the ground that many severe cases of diphtheria which would have died in the olden days were now saved by the use of the antitoxin and lived to suffer from varying degrees of paralysis in place of dying outright. Later it has been maintained that antitoxin is actually a remedy of value even after the manifestation of paralysis, and there is little doubt that early recourse

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to the remedy reduces the liability to subsequent affection of the nerves.

The experiments carried out in the Hygienic Laboratory appear to support this view. It is shown that the guinea-pig suffers from a form of paralysis caused by the toxin of diphtheria which is almost exactly similar to that seen in mankind. In this animal a small dose of antitoxin given at the time of the infection, or before it, suffices to prevent the occurence of the paralysis, but if two days are allowed to elapse before it is administered the remedy has no effect, nor can it influence the paralysis when it has actually developed. Since paralysis depends upon degenerative changes in the nerve-fibers, a condition which is clearly beyond the reach of any antitoxin remedy, it is clear that there is no relation here as to cause and effect. There is undoubtedly force in the argument that if antitoxin has not been given before paralysis appears, it should be given immediately after in order to neutralize any toxin which may still be circulating in the blood and which may aggravate the nervous lesion. Experience alone must decide how long any toxin may remain in the system unneutralized, but it is only fair to suppose that in most cases by the time paralysis has occurred the toxin has done its work and disappeared.

W. W. VINNEDGE.

OPSONIC INDEX.

Benjamin A. Thomas, (Jour. A. M. A.) discussing the utility of the opsonic index reaches the following conclusion: "The pratical utility of the index in medicine in my experiments, have occasioned the gravest skepticism, if not absolute pessimism, relative to its utility for the profession at large. "The enthusiastic advocates of the utility of the opsonic index may claim that the causes of failure in the hands of those who have found it impossible to obtain consistent results are breaches in technic and lack of experience, and that such individuals should, after mastering the technic from one of Wright's circle of co-workers, experiment (I beg to ask for four or five years) before indulging in criticism. To such a statement I can only reply that any technic so intricate as to be impossible of satisfactory solution after four to six weeks in laboratory association with a pupil of its originator, must be relegated to a field of usefulness so limited for the general profession as to render it well-nigh valuless.

One point, however, should be emphasized, namely, the impossibility of gathering from the extant opsonic literature a perfectly satisfactory working technic, it being necessary, although theoretically familiar with the principles, to see at least one demonstration in the hands of an associate of Wright or one who has directly inspected his methods. Even then the difficulties, some of which it is my purpose to enumerate, are so considerable as to render its utility, from a medical standpoint, practically nil.

"In the heralded unlimited field of therapy, where the opsonic index is ordained to play a star role, its utility seems destined to pass into oblivion, not only because of its inconstancy in agreement with the clinical symptomatology but especially because of its impracticability."

RYAN.

HYOSCYAMUS IN EUNRESIS.

The Medical Standard for November quotes Campbell as follows: (Maritime Medical News).

For some time I have employed hyoscyamus instead of belladonna, using first the fluid extract, and latterly hyoscyamine, and I have been very much pleased with the results. The action of hyoscyamus is very similar to that of belladonna, with following differences:

(1) On the whole the influence of hyoscyamus is less severe than that of belladonna.

(2) Hyoscyamus does not produce nearly as much mental disturbance as belladonna.

(3) As a bladder sedative, hyoscyamus is greatly superior to belladonna.

The advantages of hyoscyamus over belladonna are that with a given dose you get a more decided effect upon the bladder with much less general discomfort.

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He has used hyoscyamine in preference to other preparations, because it is more uniform in strength, and is readily prescribed in pill form.

He commences with 1-200 of a grain, and very gradually increases the dose, until the condition is controlled. To guard against relapse the preparation is continued in diminished doses for at least three months after the incontinence has ceased.

So far there have been no serious mishaps, the only inconvenience complained of being visual disturbances among children attending school.

TECHNIC OF STUMP INVERSION IN APPENDECTOMY AUTHORS ABSTRACT.

By John Egerton Cannaday, M. D. Surgeon-In-Charge. Sheltering Arms Hospital, Hansford, W. Va. Authors Abstract.

Abstract from Journal American Medical Association.

The riter describes a modification of the usual method of inversion of the appendix stump. After the ligation and section of the meso-appendix a hemostat is first applied to the appendix at its junction with the cecum; a second hemostat is applied just above first and worked slowly upward for about one quarter of an inch. The appendix is severed as near the first forcep as possible, and the raw surface is touched with the thermocautery or tincture of iodine. The purse string suture of chromic cat gut, 10 day, taken a dip into the tissue of the meso-appendix side so as to eliminate all possibility of hemorrhage; this suture is passed over, not under, the handle of the hemostat and around the other side of the appendix. When the loose ends of this suture are drawn taut the handle of the hemostat is raised and the point depressed; this inverts the appendix easily and rapidly. There being no comparison in the uses of the forceps in this way with the various appendix tuckers in use. The forcep being on throughout the operation prevents the possibility of any escape of fecal matter in the perineal cavity.

PULMONARY HEMORRHAGE.

An article by Robinson in Therapeutic Medicine for September is summarized as follows:

1. Relieve the patient's intense anxiety by a few kind and encouraging words; unloosen or remove his clothing, and put him in a semi-recumbent position.

2. Give an inhalation of amyl nitrite. Or inject a quarter of a grain of morphine combined with 1:150 to 1:120 grain of atropine. Give 5 to 15 min. of sol. of adrenalin.

3. You may also give a teaspoonful of common salt, dry on the tongue, or 20 to 60 minims of aromatic sulphuric acid, diluted with a small quanity of water.

4. Order an ice-bag on the chest.

5. If the above measures fail to check the hemorrhage within a short time—half an hour or so—you must cord the extremities; not too tight, but sufficient to prevent the return of the venous blood.

6. Do not under any circumstanes give ergot, or alum, gallic and tannic acids, or any other local astringents. The first has no effect as a hemosstatic indirectly in uterine hemorrhage, and by raising the blood pressure in the pulmonary circuit hinders thrombosis. The local astringents put into the stomach can have no effect on the bleeding vessels in the lung, and are injurious by irritating the stomach, causing nausea and vomiting and inducing constipation.

7. Insist upon absolute mental and physical rest, upon a scanty, nutritious and chiefly fluid diet, and relieve constipation either by Epsom salts or by enemata.

8. As a prophylactic against further hemorrhages, you may perhaps have the patient consume large amouuts of gelatin, prepared in various forms.

9. Mild degrees of collapse are to be left alone; in severe collapse, administer camphor (hypodermically) and nitroglycerin; also strychnine (do not give digitalis.) Besides, several hot-water bottles are to be applied to the lower extremities.

10. It sometimes becomes necessary

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to resort enterocylsis of large amounts of saline soluton; or the latter may have to be injected subcutaneously or intravenously.

RYAN.

MAJOR SURGERY WITH LOCAL ANESTHESIA.

Bodine (Long Island Medical Journal) makes a strong, plea for less frequent general anesthesia.

This method of anesthesia is peculiarly effective and satisfactory in genito-urinary surgery, castration, open operation for varicocele, radical operation for hydrocele and stone in the bladder suprapubic extraction. Prostatectomy, however, does not fall in this list. An operation so useful in its effects and so frequently performed, and that can be done wholly without pain by local infiltration, is lacerated perineum and cervix. If the cocaine solution be properly introduced the only complaint from the patient will be the irksomeness of the position.

In rectal surgery the local method is less generally applicable than is claimed by some writers, this region being the most sensitive in the body. For this reason, if the test is painless the method is not suited to many cases of hemorrhoids. „

If the skin is properly infiltrated with 1-500 solution, it will remain completely anesthetized for one hour and a half, but to anesthetize the skin the point of the needle must lie just under the scarf epithelium. It is in this plane of the skin that the highly differentiated end-organs of the sensory nerves are situated. If the needle point lies true, it can be seen from the surface. With this anesthesia one may painlessly go through skin, superficial and deep fascias.

Only a freshly-made solution of cocaine should be employed, and in no instance is a strength greater than 1-500 needed, and for all injections beneath the skin 1-1,000 is sufficiently strong. It should be used warm, at body temperature, as this increases the effectiveness of the analgesia. It should be made in normal salt solution instead of distilled water, so as to make it isotonic with the blood serum. If the solution is used in distilled water, it will cause swelling of the cells from imbibition.

D. F. BERRY.

Thymol 1 : 4,000 preserve cocaine solutions. Actanilide 1 : 5,000 will preserve peroxide of hydrogen solution.

E. S. McKee, Cincinnati Lancet-Clinic.

Creosote even when administered in capsules and upon a full stomach is liable to go to pieces against the stomach wall and cause considerable irritation. It is best given as follows: Creosote 1 charcoal 2 mix and allow to dry without heat for a half hour then place in konseals and take on a full stomach.

E. S. McKEE, Cincinnati, Lancet-Clinic.

Soluble Iodine. The following solution is readily miscible with water in any proportion and is stable. R-Iodine 6.00, glycerinae 25,00, aquae 75,00. Mix this with water in a bottle at the proportion of a drachm to the ounce and a teaspoonful will represent a half a grain of iodine.

FIBROID TUMORS OF THE UTERUS.

Smythe in the Lancet-Clinic for October 26, summarizes the symptoms of fibroid tumors of the uterus as follows:

1. Hemorrhage (menorrhagia, metrorrhagia). Congestive endometritis as result of interference with pelvic circulation.

2. Leucorrhea. As consequence of the ever-present glandular and interstitial endometritis in a fibroid uterus.

3. Hydorrhea. An exaggerated variety of endometritis often associated with what is known as telangiectasis.

4. Dysmenorrhea. Produced by chronic congestion with exacerbations or auute attack of hyperemia, resulting from complications and mechanical pressure due to the growth of a neoplasm.

5. Constipation. Causes: Mechanical and toxic.

6. Bladder and rectal disturbances. Due to direct and sympathetic involvement.

7. Pain. Due to degenerations and infections, as a rule. Peritonitis occasionally as result of mild trauma from tumor with long pedicle.

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8. Sterility (in 34 per ent. of patients). It is not definitely decided whether the fibroid is a cause or a consequence of sterility. The congestive endometritic and aggravated variety of interstital and glandular endometritis always existing in connection with a fibroid strikes me as being entirely competent to prevent conception in the great majority of cases.

9. Presence of a tumor of slow growth.

10. Increase in depth of uterus. Not, however, in proportion to size of tumor.

11. Ascites. Generally associated with tumors with long pedicle, subjecting the viscera to repeated trauma, or tumors under going sarcomatous degenerations of a fibroid with a co-existing carcinoma.

Visceral tuberculosis may or may not be present in cases of fibroid tumors of the uterus. When present adhesians are extensive and more or less fluid is present, the constitutional or general symptoms are anemia. Very marked in some cases with large tumors of long standing. Due: (1) to hemorrhage; (2) to copremia, the result of constipation, resulting in obstruction of the circulation of the fecal current from the pressure of the growth.

EARP.

CULLINGS FROM A STUDENT'S NOTE-BOOK.

By O. T. Scamahorn.
Indiana University School of Medicine.

Dr. Scherer says that at least 7 per cent. of proteid material must be present in food to have a balanced ration; and also gives these points: (1) Proteid molecules are the most difficult of digestion and transmutation. (2) They undergo no synthetic change. (3) They are the most irritating of all foods when not properly cared for.

Dr. Hutchins gives three reasons for inflammations of the nervous system: (1) Microbic infections. (2) Accumulation of tissue debris. (3) Chemical changes.

According to Dr. Little, the eosinephiles are absent in typhoid fever, and when they appear the patient begins to improve and generally speaking suffers no relapse. Afterwards, the eosinephiles may get as high as 8 per cent.

Dr. Lambert suggests this prescription in pertussis:

Hydrogen peroxide ..oz.	2
Glycerine .. ..oz.	½
Aqua (q. s. ad.).....oz.	4

Sig—Teaspoonful in water every two hours.

Dr. Lindenmuth suggests that if finely powdered cinchona bark be dusted on a chronic ulcer, it will almost invariably heal.

In the atrophic cirrhosis of Laenec, Dr. Sowder reommends this treatment: (1) Relief of circulation with purgatives, such as elaterin. (2) Rest in bed. (3) Protoiodide of hydrargyhum as an alternative. (4) Light nutritious diet. (5) Early tapping of the abdomen.

To test the purity of alcohol, Dr. Lyons says: "Heat a piece of copper sulphate until white then drop into the alcohol. If the alcohol is pure, the copper sulphate will stay white. If not, it will resume original blue color.

Dr. Wheeler recommends this solution for injection into hemorrhoids:

Phenol .. ..drachms	1
Salicylic Acid ..drachms	½
Glycerine .. ....oz	1

Sig—5 to 15 m. To be injected.

If this solution is not white when made up, add alcohol until it becomes so.

In the treatment of delayed union in fractures, Dr. Wells recommends: (1) Rubbing together of the fragments. (2) May bore holes in the bone and suture together with either chromicized catgut, kangaroo-tendon or wire. (3) May inject irritants around the fragments. (4)

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Cut down on the fragment, scrape and then suture.

In the treatment of chronic endometritis, Dr. McAlexander advises scarification or proper curettage followed by an irrigation, or swabbing out with ichthyol.

Dr. Todd gives these points on epileptics: (1) They can remember nothing during the attack. (2) They are very slow of ideation, are irritable and quarrelsome. (3) They have more or less dementis and are hypochondriacal.

In making Erhlich's test (Diazo-reaction) for typhoid fever, Dr. Earp says that it is possible for some drugs given during treatment to modify or render nil the reaction; they are salol, tanalbin and calomel.

For any mild inflammation of the eye, Dr. Kahn recommends the following prescription:

Zinc Sulphocarbolate	...grs. ¼
Boracic Acid	.....grs. 7
Adrenalin Chloride, 1-1000.m.	30
Aqua Destillata (q. s. ad.)	oz. 1

Sig—Two drops in each eye every 3 hours.

Dr. Ford recommends Z. O. plaster strips instead of stitches in face if possible. In applying these strips, wipe all dampness off of the skin, and then warm the back of the strips and they will invariably stick.

INDICANURIA A DANGER SIGNAL; ITS VARIETIES AND TREATMENT.

Wm. H. Porter in the Post Graduate for October, 1907, gives an exhaustive consideration of the subject.

The presence in the urine of the substance called indican or indoxyl—potassium—sulphate has been known, since its discovery by Prout in 1840, its importance in clinical medicine and surgery has only comparatively recently been appreciated. Of itself, indican, is only a symptom, yet when the clinical phenomena and changes in the system occuring in connection with it are correctly interpreted, it becomes one of the chief signs of disturbance in metabolism. Even the slightest trace of indican in the urine is abnormal.

The conditions favoring the production of indican are errors in diet lack of outdoor exercise, defective digestive secretions, and profound disturbances in the working of the nervous mechanism. Putrefactive process is the essential and final underlying cause in its formation in the alimentary tract.

Briefly stated, the deep blue alone indicates a simple putrefactive process the varying shades of blue purple and red indicate a higher and varying degree of toxicity. The pronounced green denotes a mild form of intralobular occlusion jaundice in addition to the putrefactive and toxic process, the darker green, greenish black, and blue black a pronounced occlusion jaundice together with a putrefactive and toxic condition. A still more intense green or black, still worse condition, but of a similar nature.

The red alone indicates that iodides have been taken into the system; red blended with blue or pink, that in connection with the iodides there is a varying degree of putrefaction and toxemia.

The following is the test recommended: Place in a test tube equal quantities (10cc of each) of urine and c. c. hydrochloric acid. To this mixture add five (5) drops of a one-half (½) per cent. solution of potassium permanganate. Then add a small portion of chloroform, or a total of 5 cc., and shake vigorously for a few seconds.

Successful treatment of these conditions depends absolutely upon an accurate apprehension of the etiological factors entering into the formation of indican and also the best methods for removal of the same.

CHAPMAN.

A HERO.

"Henry is a brave man. The other night his wife thought she heard a burglar."

"And he went down——?"

"No. He had the courage to tell her he was afraid." —The Circle.

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MEDICAL MISCELLANY.

EYE, EAR, NOSE AND THROAT SOCIETY.

The Indianapolis Eye, Ear, Nose and Throat Society was organized Saturday, October 26, 1907, with the following charter members: John J. Kyle, L. F. Page, L. C. Cline, John F. Barnhill, Thomas C. Hood, E. A. Willis, W. F. Hughes, William F. Clevenger, Ernest de Wolfe Wales, John R. Newcomb, Walter N. Sharp, D. F. Berry, H. C. Parker, H. M. Woolen, Daniel W Layman, and R. L. Westover.

The membership consists of physicians in good standing who limit their practice to the eye, ear, nose, or throat. Resident members being those who live in Indianapolis, non-resident members are those living in other portions of the state.

The constitution provides for five regular meetings a year held on the fourth Monday in September, November, January, March, and May. Provision is also made for four officers who constitute the executive committee. These officers are two secretaries, a general secretary, who also acts as treasurer, and a special secretary, both elected at the annual meeting in May; also a chairman and vice-chairman who hold office for one meeting only and rotate in office in alphabetical order.

At each meeting there will be presented either two papers, or one paper and case demonstrations. Following the regular program an informal lunch will be served.

Dr. H. C. Parker was elected general secretary and Dr. Daniel W. Layman was elected special secretary.

Many prominent eye, ear, nose, and throat men from over the state have been invited to the next meeting which will be held at the home of Dr. John F. Barnhill, Monday evening, November the 25th, at eight o'clock.

Applications for membership may be made to the General Secretary, Dr. H. C. Parker, 320 N. Meridian St., Indianapolis.

PHYSICIANS' SOCIAL CLUB.

An organization called the Younger Physicians' Club was organized in Indianapolis a few weeks ago. Its purpose is to inculcate a close social union between all physicians of Indianapolis who are in good standing. The officers are: President, Dr. Chas. F. Neu; vice-president, Dr. Paul V. Coble; secretary, Dr. John R. Thrasher.

The Club gave a smoker at the German House, November 2, 1907. The invitation said: "This movement has been given the heartiest commendation by many of the older physicians of Indianapolis but the "proof of the pudding" will be demonstrated by your presence on this occasion."

The attendance was large and the evening was an enjoyable one. The pudding proved to be all right.

A NEW MEDICAL JOURNAL.

A medical journal will be published by the Indiana State Medical Association with its maiden issue about January 1st. It will contain the transactions which heretofore have been published in book form. It is said that Dr. A. E. Bulson will be the editor. Dr. Bulson has been editor of the Fort Wayne Medical Journal-Magazine and under his able management it has had an extensive patronage.

EIGHTH DISTRICT MEDICAL SOCIETY.

The Eighth District Medical Society met at Muncie, Indiana, October 22d, 1907, with an attendance of eighty-eight. Dr. Kemper being absent Dr. Thomas C. Kennedy of Shelbyville was elected chairman. Dr. W. A. Spurgeon of Muncie read the first paper "How Can the State Board of Medical Registration and Examination and County Medical Societies Mutually Aid Each Other." The doctor urged the necessity of closer relation between the State Board and the physicians of the State at large in order that higher standards of requirements might be ob-

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tained, and that illegal and immoral practices might be stopped.

Dr. J. N. Hurty, of Indianapolis, dwelt on the close relation of the practitioners to the State Board of Health and plead for a greater observance of the rules and regulations of the Board of Health with the special plea for a full report of births and infectious and contagious diseases. His paper was well received and a resolution endorsing the sentiment of the paper was unanimously passed.

Dr. Charles R. Sowder, of Indianapolis, spoke on the "County Medical Organization; How to Make It Interesting and Profitable." He dwelt especially upon the purposes of the Medical Society, its importance to the physicians in both educational and financial ways. The Society adjourned to partake of a good feast in waiting. After dinner talks were delivered by Dr. Spurgeon acting as toastmaster; Dr. E. G. Reynard, of Union City, "Ethical Advertising;" Dr. I. N. Trent, Muncie, Indiana, "Some Animals I Have Met;" Dr. R. O. McAlexander, Indianapolis, "Butting In," and Dr. J. T. Dickes, Portland, "Six Months From Now."

The Eighth District is a live medical organization and a great amount of interest and enthusiasm is shown by its members. The next meeting will be held in Portland, April, 1908.

DR. CURRAN POPE'S ADDRESS.

In this issue of the Monitor we publish the Annual Address of Dr. Curran Pope delivered before the Ohio Valley Medical Association, November 13. It is a masterly effort and eminently worthy of careful reading. Dr. Pope is one of the Collaborators of The Monitor and a splendid halftone likeness of him appears on page 454.

THE BABIES OF THE WORLD.

The average birth-rate of the world is one baby at every beat of the human heart, or one and a fraction every second; seventy every minute, four thousand two hundred every hour; one hundred thousand eight hundred every day; and thirty-six million, seven hundred ninety-two thousand, or equal to nearly half the population of the United States, every year.

The average weight of boy babies at birth is seven pounds; girls about six and a half pounds. During the first three days the child loses weight; after it is a week old it steadily increases.

A child should increase in weight two pounds for every addition of an inch in height between three and four feet, and two and one-half pounds for every inch between four and five feet.

The healthy child triples its weight at birth in one year, doubles this in six years, quadruples this weight in thirteen years, and at twenty-one a man weighs twenty-one times his weight at birth. These are the figures resulting from the averaging of many thousand cases under investigation.—The Delineator.

OF INTEREST TO COLLEGE MEN.

In the October Lippincott's there is an irresistibly funny story which will be relished hugely by college men—and college women—be they undergraduates or alumni. It is called "Her College Visit," and has to do with a college prank which had far-reaching consequences. The author is Robert Sterling Blair. The novelette in this issue is a very remarkable story entitled "The White Sepulchre," by Will Levington Comfort. The plot is based on sundry happenings on the island of Martinique at the time of the eruption of Mont Pelee, and the story fairly bristles with action and thrilling scenes. Other noteworthy features are half a dozen capital short stories, four or five bright, readable essays on timely topics, and the usual department of humor, "Walnuts and Wine." Altogether, those who buy the October Lippincott's will find it a very satisfactory investment.

WANTED—A Wagner static machine complete with 110 volts direct motor. Must be in good condition and cheap. Address Business Manager Monitor, 323 N. Delaware St., Indianapolis.

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TRAGIC DEATH OF DR. HARRY HUTTO.

Dr. Harry Hutto, who was a member of the graduating class of 1905, Central College of Physicians and Surgeons, died October 28 from an injury received October 24. In company with some companions he had gone on a nut-gathering expedition and when climbing a tree a limb broke and he fell to the ground a distance of 25 feet injuring his spinal cord which produced a complete paralysis below the shoulders. On Oct. 28 it was decided to bring him to the State College Hospital in Indianapolis for an X-ray examination, but he died suddenly at the depot in Sharpsville while waiting for the train. Dr. Hutto was loved by his associates when a student and highly esteemed by his friends in Sharpsville where he had located to practice. He was a student of Dr. S. P. Scherer and later on was his assistant.

SICKNESS AND DEATH IN INDIANA IN SEPTEMBER.

The Bulletin of the State Board of Health for September, just issued, says: The reports for the month show that typohid fever was very prevalent. Indeed, it is reported as the most prevalent disease. In the corresponding month last year, typhoid was fourth in prevalence. Tonsillitis existed to a greater degree than in the corresponding month last year. Diphtheria stood eighth this year and eleventh last year. Thirty-six Counties reported diphtheria present, and it was epidemic in two places in Brown, in one place in Daviess, one in Delaware, one in Grant, one in Huntington, three in St. Joseph and three in Vanderburg. The disease existed to considerable degree in Marion. Total number of deaths from the disease in the whole state was 30. Typhoid fever was reported in 76 Counties and probably was present in every one of them. The total number of deaths was 133 and in the corresponding month last year, 143. Consumption did its usual damage, causing 325 deaths, in the corresponding month last year, 291. Pneumonia caused 93 deaths and was reported as 11th. in area of prevalence. In the corresponding month last year, 93 deaths and 14th. in area of prevalence. The cancer deaths number 115, violence 199. Diarrheal diseases 280. The total number of deaths in the whole state 2751, rate 12.4. The city death rate 14.1 and the country death rate 11.3. The death rates of the cities having over 25,000 population were: Indianapolis, 14.4, Evansville 12.7, Ft. Wayne 15.8, Terre Haute 15.9, Anderson 11.3, Muncie 9.3, South Bend 14.7. Smallpox was reported present in the following counties: Cass, Clinton, Dearborn, Madison, Marshal, Martin, Starke, with no deaths.

DR. AMOS W. REAGAN DEAD.

Dr. Amos W. Reagan who retired from active practise two years ago died at Mooresville, Ind. Oct. 28 at the age of 81 years, of pneumonia. Dr. Reagan was a member of former President Harrison's regiment serving three years as a surgeon.

A DOCTOR WANTS AN ASSISTANT.

A former student of the editor of The Monitor, now living in New Mexico desires a young man as an assistant in general practice for whose service he will pay one hundred dollars a month or if the applicant desires, the doctor will divide work with him.

Further information can be obtained by addressing the editor of the Central States Medical Monitor, 24½ Kentucky avenue, Indianapolis, Indiana, with self-addressed, stamp-envelope enclosed.

EVOLUTIONARY IMPROVEMENT.

A fond grandfather and father were admiring the new baby.

Fond Grandfather.—I declare, that youngster is a great deal more intelligent than you were at his age.

Insulted Parent.—Naturally; he has a great deal brighter father.—The Circle.

Baltimore, Oct. 1907.

S. E. Earp, Editor.

Dear Sir: At the recent Annual Meeting of the American Pharmaceutical

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Association the undersigned was directed to send you a copy of the following resolutions:

Whereas: The American Medical Association, the American Pharmaceutical Association and the National Association of Retail Druggists together with many State and local organizations and journals in both professions have been for some years endeavoring to bring about a return to the practice of medicine based on the Pharmacopoeia, and

Whereas: The medical colleges are represented on the Committee of Revision of the U. S. Pharmacopoeia, and

Whereas: It is manifest to the thoughtful men both in medicine and pharmacy that a very large number of medical men might be better informed regarding the Pharmacopoeia as a book of reference and standards. Be it therefore

Resolved: That it is the sense of the American Pharmaceutical Association in convention assembled, that a great advance in the ethical practice of medicine and pharmacy will be made when the medical colleges make the Pharmacopoeia a prescribed text-book or book of reference and require a familiarity with it in their examinations.

Resolved: That we request the governing authorities of all medical colleges in the United States to put into force such a ruling in their respective institutions as will insure in future classes a well grounded knowledge of Materia Medica and Pharmacognosy, as set forth in the Pharmacopoeia.

Resolved: That the General Seretary be directed to transmit a copy of these resolutions to each medical college in the United States and to the medical and pharmaceutical press.

Yours very truly,
CHAS. CASPARI, JR.
General Secretary.

INDIANAPOLIS MEDICAL SOCIETY.

Dr. O. G. PFAFF, President. Dr. R. H. RITTER, Secretary.

Meeting of October 1, 1907.

The Society was called to order for the first meeting after the Summer intermission, by the President, Dr. Pfaff. The minutes of the last meeting was read and approved. The applications of Drs. G. A. Coble, Earl Miller and Robert Fischer were read and ordered posted. The application of Dr. Ernest DeWolfe Wales, a member of the Massachusetts State Medical Association was read and referred to the Council. The Secretary read a communication from the Secretary of the Council of the State Medical Association in regard to a change in the method of publishing the transactions of the State Association. After a brief discussion further discussion and final action was postponed for two weeks. The president called attention to the death of Dr. W. H. Link which occurred on Aug. 10, during the intermission of the meetings. Upon motion the president appointed a committee consisting of Drs. J F. Barnhill, F. C. Heath, and T. Victor Keene to draft a suitable memorial.

The program was made up of case reports.

Dr. T. B. Eastman reported three cases of resection of the bowel, the Murphy button being used in each case. These were cases where speed was the chief consideration and in all these cases the results were in every way satisfactory.

Dr. J. H. Taylor reported two cases of atypical typhoid fever. The first was in a child nine years old which showed all the classic symptoms observed in adults except that the duration of the disease was much shorter.

The Widal reaction was not present until the seventh day. The second case was an adult aged 68. The patient was taken ill with an acute condition which was diagnosed as autointoxication. Later a persistent temperature extremely variable appeared with general malaise and slight diarrhea. Widal reaction was used but was negative. Several rose spots appeared on the tenth day. At that time the temperature was normal and the patient appeared much better. The next day the patient was suddenly seized with a convulsion followed by a stupor which lasted for several hours. The temperature rose slightly and persisted. In a few days the patient became apathetic and at times slighly delirious and finally died on the 20th day. Great distention

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of the abdomen and several convulsions developed shortly before death.

Dr. T. Victor Keene, reported three cases of true Rabies which he had seen in Indiana. He reported three cases now under his care which had been bitten by dogs that were proven to have had rabies. He detailed the method of the preventive treatment of rabies by Pasteur's method and the facts that underlie this plan. He described the technique and exhibited a specimen of the rabbit cord that was used. His are the first cases that have been treated in this state.

Dr. Potter after a brief introductory discussion of Pernicious Anemia reported eight cases that he had seen in the last eighteen months in private practice. Nearly all the cases came from the rural districts. Six of the cases were males, two females. The oldest was 71, the youngest 33. Dr. Potter also spoke of a case he had recently seen of chronic acetanilid poisoning. A man had been taking the drug for the relief of a persistent headache. He finally got into the habit of taking it habitually and for some time had been taking an average dose of ten grains every three hours. He became almost maniacal when deprived of the drug. He exhibited the typical signs of acetanilid depression, cyanosis, weak pulse etc.

Dr. Pfaff referred to the work of Price in operating on typhoids.

Dr. Ritter spoke of the change in the conception of typhoid fever which was becoming well marked. He believes it to be proven now that this is not a local disease with a distinct local pathology and constitutional symptoms but a true septicemia. The finding of typhoid bacilli in the blood is an earlier and more positive sign than the Widal reaction.

Dr. Wynn spoke of a case resembling the case described by Dr. Taylor in this case had numerous convulsions which, however, were later proven to be due to an involvement of the kidneys. Later this case developed a multiple neuritis. He mentioned the frequent failure to obtain the Widal reaction early. In regard to prenicious anemia the constantly increasing frequency with which uncinial anemia is being reported should put us upon our guard lest we overlook this and consider the one of true pernicious anemia. Again observe tuberculosis is not infrequently the cause of an anemia that is of unknown origin.

Dr. Dodds spoke of the ease with which the typhoid bacillus may be isolated from the blood and the value of this procedure because of the early date at which the organisms appear in the blood and the positive diagnosis which their presence makes.

Dr. Kiser spoke of the lamentable looseness in making a diagnosis of typhoid in many instances. The records of the Board of Health were in this way made very unreliable.

Meeting of October 15, 1907.

The question of the proposed plan of the Council of the State Medical Association to establish an official journal, action on which had been postponed from the meeting of Oct. 1, was brought up and upon motion was laid upon the table. The members of Council of the State Medical Association being present, and Dr. A. E. Bulson of Fort Wayne made a short talk explanatory, of the work of the Council and the proposed new journal.

The paper of the evening was read by Dr. C. F. Neu, "A Few Important Points in Regard to Nervous and Mental Diseases."

Dr. Neu said that part of medicine dealing with diseases of the nervous system inclusive of the mental condition does not seem to be keeping pace with the advancement and progress of the principles of medicine in general.

The report of the Bureau of Census for 1904 gives the number of deaths from diseases of the nervous system for the five years preceding as averaging over 60,000. Another report shows that there are over 200,000 suffering from diseases of the nervous system being taken care of in institutions at a cost of over $25,000,000 annually. A few of the more important conditions instrumental in the production of this class of diseases.

1. Heredity. This is the most important factor. It may be safely stated that

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60 to 65 per cent. of all cases possess such hereditary transmission.

2. Drug addiction. The use chiefly of alcohol, opium and cocaine.

3. Veneral diseases. Chiefly syphilis.

4. Class of Immigrants. Burgess of Montreal has shown that mental disturbances are more frequent among these than among native born Canadians.

5. The struggle for existence and supremacy. This struggle is more keen now than at any other period of the world's history.

Curative considerations. (a) Those applied before admission to an insitution. (b) Those applied after admission. The first class are the only ones that offer much real hope. The useful measures may be classified as.

(a.) Earlier consultation of the family physician and greater vigilance on his part.

(b.) Education of public and greater care in the training of physicians.

(c.) Prevention of bad heredity as far as possible. Custodial care of the unfit and sterilization.

(d.) Custodial care of the victims of drug habits.

(e.) Greater activity in the abolition and treatment of venereal disease.

(f.) Prevention of illegitimacy.

(g.) Improvements in social conditions.

Discussion. Dr. Reyer spoke of the breadth of the field opened up by the writer. He would place first in importance the great economic questions of our business life. It is easy to confuse these with the medical conditions but the solution of many of these would solve many questions which are now considered purely medical. He believes that social economy and sociology should be taught earlier and more thoroughly in the schools. The boy and girl cannot too soon come to a realization that his or her relation to others and society in general is of the utmost importance and imposes many obligations. The making and enforcement of laws to overcome the known evils is an extremely difficult thing to do since the emotions and physical appetites unceremoniously brush these aside when the real friction comes. There is need of great care on the part of physicians in advising persons corcerning questions of personal and social hygiene. There is need of patience, hopefulness, tact and perseverance in disseminating knowledge about measures that will benefit all society. Heredity is still an uncertain and unknown factor in the production of disease if for no other reason than that it is almost impossible in a large number of cases to secure an accurate ancestral history. Too often the true family history is purposely concealed or misstated. He believes that gonorrhea is greatly overestimated as a cause of the conditions under discussion. Syphilis is far more disastrous and widespread in its effects. The question of emigration is a purely economic one and is really of very little importance as a cause of the increase of mental and nervous diseases.

Dr. Sterne believes that the greatest agency for the improvement of the conditions causing these diseases would be the concerted and persistent activity of physicians throughout the country. Unfortunately, it seems almost impossible to arouse them and get them to work on these problems. One of the greatest causes is chronic inebriety and, if this question could be successfully handled, it alone could eliminate a great mass of degenerates and dependents. He believes that drinking is increasing especially among young men and women and the result can only be deplorable. Along with this is the high tension of the social life that the young now lead and the woeful lack of parental control. He believes that the doctrine of heredity is vastly overestimated and becomes a source of danger. It tends to lessen the feeling of personal responsibility and encourages or becomes the excuse for throwing off all control of the baser desires. Most, if not all the so-called heredity taints, could be eliminated by more careful and thorough teaching and training of young people in self control. He is an enthusiastic advocate of the sterilization of habitual criminals. The X-rays seem to afford an easy and effective way of accomplishing this, at least in males. Another one of the

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most important causes of neuropathic conditions is the wear and tear of social and business life. Drug addictions which were mentioned by the writer run a close second to the use of alcohol and seem to be on the rapid increase. Druggists are the greatest offenders in this regard but too often doctors are guilty of gross wrong doing in the careless dispensing of opiates. This is the field where the doctors can be of the greatest service in prosecuting those who distribute dangerous drugs. He believes that no doctor under any circumstance is justified in giving a patient a prescription for an opiate. Although he feels quite pessimistic in regard to the spread of these harmful conditions there are some agencies that tend to ameliorate them. Among others the trolley system has made travel easy and cheap and has broken up the demoralizing tedium and monotony of the rural districts.

Dr. Brayton deplored Dr. Sterne's pessimism and is convinced that a wider and deeper view will dispel the gloom and show the steady progress toward better things. There is the eternal struggle for existence and supremacy throughout all life and societies but in the finer analysis the better prevails. He believes in an active optimism that takes up the struggle with hindrances to progress and keeps everlastingly at it. He also believes that the influence of heredity is greatly exaggerated.

Dr. G. V. Woollen believes in the practical study of these problems and the use of the knowledge that breeders of animals have used for a long time. He advocates sterilization of the unfit and the concentration of our energy on certain definite lines of action. He believes in explicit laws.

Dr. Cole is convinced that progress toward a higher moral plane has been and is being made. One has only to read the social historian of the middle ages to appreciate what has been accomplished. Law is of value when wisely framed and judiciously administered. Otherwise it contains an element of danger.

Dr. Ritter wishes to endorse what has been said as to the field for the physician and not merely the individuals but the organized societies. Organization is of value only as it serves to better conditions. There is a social obligation upon medical societies to lend their active support to all movements that tend to the improvement of the social conditions. Our own society should make its influence felt in this community more than it has ever done.

Meeting of October 22, 1907.

The Society met in the clinical amphitheatre of the City Hospital. The application of Drs. Martin J. Dodson and Harry Parker were read the first time and ordered posted.

The first case was presented by Dr. C. F. Neu. The case presented almost complete aphasia and some paralysis of the right arm and leg. It was interesting chiefly as a study of cerebral localization.

Dr. J. W. Sluss presented three cases, Case 1. Male aged 48. Three months ago he began to have severe and constant pain in the left side of the face. He soon noticed a small nodule on the upper maxilla which has grown rapidly since. When first seen the whole side of the face was swollen and the eye partially closed. Operation revealed a mass with hard nodules and softer friable portions, excessively vascular infiltrating the whole upper maxilla and left cheek and completely filling the antrum. The bone crumbled away under the curette. The whole jaw with the exception the orbital plate was removed and the cheek cleared as far as possible from the tumor. Since the operation the external wound has healed very kindly. The microscopical study of the growth has not yet been completed. The diagnosis is probably between a malignant growth and an infection. He believes it to be a sarcoma.

Case 2. Male aged 35. Had his foot crushed in an accident. In an effort to save as much as possible of the foot he did a Lisfranc operation but took considerable risk in using tissue of doubtful vitality to make the flaps. All went well a few days when the foot became red and swollen but there was an entire absence of constitutional symptoms. An examination of the urine showed sugar to

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be present in considerable quantity. This condition has slowly improved and at the present time there is no trace of sugar in the urine. The foot is still swoolen and the wound is still open in places but there is perceptible improvement.

Case 3. Boy aged 18. When four years old he developed some trouble with the right hip which lamed him and persisted till he was nine years old. It was said that he had a dislocation of the hip which was never reduced. Four years ago an abscess ruptured in the lower gluteal region and a sinus persisted for a long time. Three weeks ago he sustained a slight injury to the hip which was followed by persistent soreness and later by great swelling and pain. When first seen the hip was greatly enlarged and spindle shaped. Fluctuation could be easily elicited. A free incision was made along the outer side of the thigh and a large amount of pus evacuated. No evidence of bone involvement could be found. The X-ray pictrues of the hip joint are not very satisfactory but they fail to show any head or neck to the femur. There is some question as to the real condition and the pre-existing condition. There may have been a joint tuberculosis with destruction of the head and neck of the femur or there may be a true dislocation. He believes the latter condition to exist, that the case is one of acute abscess simulating a chronic one or old hip joint disease.

Discussion. Dr. Clark seriously doubted the advisability of such operations as was done on the jaw of the first case of Dr. Sluss. He believes that unless there is good reason to believe that a thorough removal of the malignant growth can be accomplished no operation is justifiable. The wishes of the patient are of no importance in this matter. In case three he believes that the history and the absence of demonstrable head of the femur point unmistakably to tubercular disease of the hip. The foot in this case is everted and he has never seen the foot everted in dislocation of the femur backward and upward.

Dr. Noble called attention to the similarity between the lesion in the jaw of the patient presented and syphilitic lesions. The uncertain nature of the growth makes the suspicion of syphilis very strong. He has seen similar lesions melt away very fast under the administration of large doses of potassium iodide.

Dr. Wynn spoke of the possibility of the lesion of the jaw being syphilitic or even actinomycosis. He believes the preliminary administration of the iodide would be the proper procedure, in this class of cases. He regretted that sections of the tumor were not presented for inspection.

Dr. Freeland, superintendent of the hospital, then invited the audience to partake of some light refreshments prepared and the Society adjourned.

DR. JOSEPH PRICE IN INDIANAPOLIS.

Dr. Joseph Price, an eminent gynecologist, teacher and author, of Philadelphia, held a clinic at the State College Hospital of the Indiana University College of Medicine, November 14, in the presence of the faculty, students and friends of the institution. A reception and banquet was held at the University Club in the evening in honor of Dr. Price. A splendid program was rendered, the details of which will appear in our next issue.

SHELBY COUNTY MEDICAL SOCIETY.

The interest in the Shelby County Medical Society until recently has not been equal to that of a few years ago, but it has now entered upon a new era. This society has splendid material in it and there is every reason to believe that it will become one of the best working societies. Dr. S. L. Strickler is the President and Dr. Walter McFadden is Secretary. An unusually interesting session was held November 11, in the city hall at Shelbyville. A paper upon "Atypical Typhoid Fever," was read by Dr. S. E. Earp, of Indianapolis, and was discussed by Drs. Drake, Strickler, McFadden and Kennedy. The attendance at this meeting was the largest there had been during the year. This society meets the second Monday in each month.

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NEWS ITEMS.

Dr. John F. Barnhill visited professional friends in Chicago the last week in October.

Dr. W. B. Kitchen was married to Miss Edith Scott in October.

Dr. Omar Hutto was married to Miss Elma Hayworth, of Noblesville, in October. Dr. Hutto will live and practice in Kokomo, where he established himself on graduation more than a year ago.

Dr. Jos. Price, of Philadelphia, one of the most noted Gynecologists of America, is expected to visit Indianapolis as the guest of Dr. Goethe Link, October 15th. While here Dr. Price will hold an operative clinic at the Indiana University School of Medicine to which prominent physicians of the city and State will be invited.

Dr. Goethe Link has opened an office at 739 K. of P. building, with Dr. T. E. Courtney.

Dr. Grant V. Newcomber, of Elwood, Indiana, was in the city last week on professional business.

Dr. E. M. Amos has returned to Indianapolis.

At the State Conference of Charities held at Evansville October 22, Dr. Geo. F. Edenharter was elected president.

Dr. A. J. Blickenstaff, of Flora, Ind., visited Indianapolis November 3.

Dr. S. C. Norris, of Anderson, visited Indianapolis November 3 and Chicago November 5-6 in the interest of his specialty.

Dr. J. S. Whitson who came from Jonesboro and located in Indianapolis for several months and became a member of the Indianapolis Medical Society, has moved to Muncie.

Drs. Stanfield H. Keeney and David F. Berry were in Rochester, Minn., and Chicago during October attending surgical clinics.

Dr. J. Rilus Eastman, who has been visiting the hospitals in France and England will return to Indianapolis the middle of November.

Miss Anna Felts, who obtained a leave of absence from the nursing department of the Indiana University School of Medicine to take a special course at Johns Hopkins, has returned to take up the duties of her position.

Dr. C. O. Lowry has returned from a hunting expedition in Oklahoma.

The annual dinner of the Society of Internes of the Cincinnati hospital took place at Phoenix hall, October 26, 8 p. m. The committee of arrangements consisted of Drs. A. I. Carson, A. H. Freiberg and M. B. Brady.

Dr W. W. Vinnedge addressed the members of the academy of Medicine, Cincinnati, October 28, on "Fragments as to Ancient Chinese Medicine, with illustrations on the screen.

Monday, October 21st, Dr. J. N. McCormick, Bowling Green, Ky., traveling organizer of the American Medical Association, addressed the physicians of Attica and vicinity in the afternoon in behalf of professional organization, and in the evening delivered a public lecture on the subject of the relation between the profession and the people.

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BOOK AND JOURNAL REVIEWS.

Rontgen Rays and Electro-Therapeutics, With Chapters on Radium and Phototherapy, by Mihran Krikor Kassabian, M. D., Lippincott's New Medical Series, edited by Francis R. Packard, M. D., J. B. Lippincott Company, Philadelphia and London, Publishers.

The author treats in a comprehensive manner some of the facts which should be particularly emphasized relative to electro-therapeutics and Rontgen-rays. The first portion of the work is confined to electro-therapeutics and embraces the elementary principles of electricity and magnetism and the sources of energy. Following this the currents are described in detail together with the modes of application and chapters 5 to 7 include the cataphoric method, means of diagnosis by electricity and electro-physiology. The application of electricity to diseased conditions and the results therefrom will prove especially interesting to the reader; yet it seems that in every instance cited the therapy is favorable. In some instances this agent palliates yet we must admit that in a large per cent. it is curative as shown by the text.

The reference made to the nervous system and the modern methods of diagnosis are especially valuable. Part II opens with a history of the Rontgen-rays and their use in diagnosis. The properties of the X-rays together with the requisite information respecting manipulation and the principles of technic including flouroscopy, skiagraphy, photography, etc., are praiseworthy but none less interesting than the clinical application and the relation of the rays to anatomy, physiology, medicine and surgery. Their use in the specialties including denistry and forensic medicine deserves careful perusal.

There are chapters relating to therapy proper, photo-therapy and a review of the histological changes induced by the action of the X-rays. A review would convince one of the truthfulness of the author's statement that the treatment of the subject is condensed but comprehensive and that he surely will not be punished for a sin of omission. The illustrations are appropriate, sufficient in number and show good workmanship.

Human Anatomy by George A. Piersol. Published by J. B. Lippincott Company, Philadelphia and London.

A new, distinctly American work of over 2,000 pages. It is compiled by Dr. Thomas Dwight, Dr. Carl A. Haman, Dr. J. P. McMurrich, Geo. A. Piersol, all prominent teachers of anatomy, Dr. J. William White, a prominent surgeon and teacher and Dr. J. C. Heisler, who supplies the work with its excellent illustrations.

It is a work edited not only for the student but also for the busy practitioner with its many colored descriptions of the practical applications of the subject. It is at the same time scientific, giving embryological and histological details with excellent demonstrative drawings of the same.

No attempt has been made to cover the field of operative surgery, brief descriptions of operative methods have been given when they seemed necessary to complete the study of an anatomical region or of an important organ.

The illustrations with colored plates and drawings are excellent, especially so are those of the bones, muscles and circulatory system. Burrsae ligaments and joint anatomy, with the practical applications of the same, are to be commended. The lucid description and text are not to be excelled.

Comparing the work with two recent translations of Werner, Spalteholz and Sobotta would say that it is to be preferred not only from the fact that translations are at times not distinct in conveying the original meaning but also that both these works hold close to gross anatomy, while Piersol, as above stated, encompasses embryological developments and practical deductions. Again the utility of Spalteholz's excellent plates is lost to the general student and practitioner from the fact that the

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German terminations of the latin descriptive words necessitate the frequent use of a dictionary. We take great pleasure in recommending the work.

The Practitioners' Visiting List for 1908. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail ofpractice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price, by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea Brothers & Co., Publishers, Philadelphia and New York.

This visiting list is one of the best and by its use many accounts will be kept that otherwise would have been lost; the work done by the physician can be kept accurately. In the monthly edition the items are so arranged that a bill for services can be made from it at any time. It contains among other valuable information tables for weights and measures, eruptive fevers, poison and antidotes, doses and other things which entitle it to the name of a Medical Compendium.

DR. KRAMER WEDS.

In Indianapolis on November 12 Dr. Albert Kramer and Miss Dora Snyder were married by the Rev. Dr. Baumgartner of the First Evangelical church. Dr. Kramer graduated from the Indiana University School of Medicine last spring and located at Butler, Ind. It is there that he will take his bride.

INDIANA GETS MEDAL.

Dr. J. N. Hurty, secretary of the State Board of Health, received a letter November 12, from former Surgeon-General George M. Sternberg, of Washington, D. C., in which Mr. Sternberg said the gold medal had been voted to the tuberculosis exhibit of Indiana at the Jamestown exposition.

THANKSGIVING ANTICIPATIONS.

Of course we'll have a turkey,
A great, big, husky feller,
'N' vegtabuls of every kind—
Pertaters, white and yeller;
Turnips, 'n' squash, 'n' onions, too—
Um! Um! 'N' celery,
'N' stuffin', that's the best of all,
Fixed up with savory;

'N' pies! Well, I'm prepared to say
All other kinds is fakes
Alongside o' the punkin ones,
An' mince, my mother makes!
Besides, they's apple turnovers
To cap the hull array,
An' I can have two slabs of each,
'Cause it's Thanksgiving Day!

But after eatin' fruit 'n' nuts
'N' candy with the rest,
I bet I'll feel like letting out
The buttons on my vest!
'N' walkin' 'round the block is good
For appetites like mine;
Then afterwards I'll feel like "more"—
Gee ain't Thanksgiving fine!

—Mazie V. Caruthers in November Lippincott's.

THE TARIFF ON ART.

From the Editorial in the November Century.

Men of very great influence among the powers that be in such legislation have confessed that this tax is indefensible on any theory of protection, and that it would have been repealed, except that "to attempt to do so would be to open the door prematurely to a general tariff revision." Now that revision has been determined on, the blunder of taxing art should be retrieved at once. We commend to members of Congress the remark of a French merchant who recently visited a large factory of American textile fabrics and being asked what he thought of the foreign prospects of this branch of our trade, replied, "You will never be formidable in the markets of Europe until you cease to copy French designs, and this you will never do till you have free art." America as a "world power" trying to keep herself provincial would be a sight for gods and men!

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NURSES DIRECTORY

TO THE Physicians of the State we recommend the following nurses as being thoroughly competent and worthy any nursing you may desire done. Call them direct by phone or telegraph or procure any of these nurses by communicating with the Monitor, care of Dr. D. L. Kahn, 323 North Delaware street, Phone New 5900.

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"SAND-PAPERING OF THE URETHRA,"

SAYS DR. GEORGE H. BALLERAY, OF PATERSON, N. J.,

"IS OFTEN PRODUCTIVE OF HARM,"

as witness:

¶ "If the patient cannot urinate voluntarily, the bladder should be emptied . . . with a *thoroughly* aseptic soft catheter, *properly* lubricated . . . The *absurd* practice of using a *dry* catheter should be condemned—*such sandpapering of the urethra is often productive of harm.*"
GEORGE H. BALLERAY, M. D., Paterson. N. J., in a paper on "The Etiology, Pathology and Treatment of Fibroid Tumors of the Uterus," read at the 140th annual meeting of the Medical Society of New Jersey.—*Journal of the Medical Society of N. J., Nov., 1906.*

"SUCH SANDPAPERING OF THE URETHRA"

may be entirely obviated by the use of K-Y LUBRICATING JELLY

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Antiseptic—Non-fatty—Water-soluble
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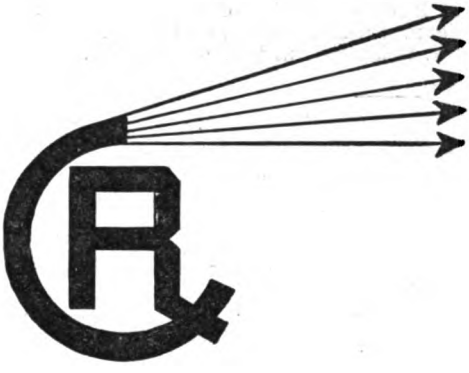

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in a prescription means much to the patient. Discriminating physicians, therefore, when prescribing an emulsion usually specify Hydroleine—the pancreatized form of cod-liver oil.

On account of its remarkably high percentage of oil and the quickness and thoroughness of its digestion and absorption, larger quantities of oil can be assimilated within a given time in the form of Hydroleine than in any other way. Hence, results follow promptly. Write for sample and literature. Sold by all druggists.

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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 323 N. Delaware St., Indianapolis, Ind.

TREATMENT OF UTEROVAGINAL CATARRH.

By C. E. Prandenburg, M. D., New York City.

Fifteen months ago Mrs. X. came to me for treatment, giving the following history: Six years previous she had a miscarriage, since which she had been troubled with a profuse leukorrhea of a very foul odor. At her menstrual period she suffered greatly and flowed excessively. On examination the cervix was found to be nearly four times its normal size and so badly eroded as to have every appearance of a cancer and had been mistaken for such by one physician. The uterus was soft and boggy and very much enlarged. She had been to the hospital on two occasions and each time had been curetted, but this seemed only to aggravate the general condition. For over a year I treated her with every means at hand, but to no purpose. I was making preparation for an operation, which would have meant the removal of the uterus, when my attention was drawn to Glyco-Thymoline and I determined to give it a thorough trial before operative measures were to be further introduced. An intrauterine douche of Glyco-Thymoline in 25 per cent. hot solution was administered and lamb's wool tampons saturated with Glyco-Thymoline pure were used. She began to improve from the first application. The leucorrhea became less and the odor disappeared entirely. The cervix took on a healthy look. The uterus decreased in size and became firm; in fact she is now nearly well after nine weeks' treatment with Glyco-Thymoline.

THE DANGER OF CATHETERIZATION.

There can be no doubt that many cases of cystitis are chargeable to infected or unclean catheters. One of the principal sources of this class of infection is to be found in the use of non-sterile lubricants —a fact which merely serves to emphasize, if possible, the paramount importance of using only a lubricant of absolute and guaranteed sterility. Such a medium is "K-Y" Lubricating Jelly, a product which has evoked the highest encomiums in genito-urinary circles. It is an antiseptic, non-fatty and perfectly soluble lubricant, supplied in a collapsible tube which constantly protects its contents from contamination. It is thus easily handled and its absolute sterility, both in and out of use, completely assured. Futhermore, "K-Y" Lubricating Jelly can be injected directly from the tube into the urethra without exposure to the air, this operation being effected by means of a small, hollow, burnished metal cone, easily sterilized in boiling water and provided with a thread that admits of a direct screw-attachment to the stem of the tube. In this way, the parts, as well as the instrument, are lubricated and in its possession of these various advantages are to be found the reason why "K-Y" Lubricating Jelly so strongly commends itself to the unqualified approval of discriminating members of the medical profession.

RHEUMATISM.

If the **diplococcus rheumatism** is the exciting cause of rheumatism, we know also, since the few only are effected, that the germ alone is not all-sufficient. There must be, as well, a condition of the system favorable to the multiplication of the germ. This means predisposition. Since we can not escape bacterial contact the treatment of rheumatism means what can be done to overcome the predisposing cause. The toxemia of faulty metabolism is the one great contributory

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factor. The treatment of toxemia is by elimination. Alkalithia is the ideal eliminant and will be found the ideal treatment for rheumatism.

The older masters of venerology were very particular to keep their gonorrheal patients on demulcent drinks and a low diet, and accomplished much good by this course. The soothing demulcent effect of Sanmetto renders it an ideal remedy in gonorrhea.

American Journal Dermatology.

ORIGINAL COMMUNICATIONS.

The chemical analysis and physiologic experiments on "Meatox," the new food product.

By I. V. S. Stanislaus, B. Sc., Pharm. D. Medico-Chirurgical College of Philadelphia, Department of Pharmacy. Dean's office.

August 23, 1907.

Editor Medical Bulletin, Philadelphia.

Dear Sir: Enclosed please find the report of the Chemical Analysis made by me and of physiologic experiments conducted by me upon "Meatox," a food product recently introduced by Mr. Charles Marchand, the well-known New York chemist.

"Meatox," as will be seen from below given findings, is in a class by itself. It can hardly be called a "meat extract" in the ordinary sense of the word, as it represents more food-value than any of these. The findings given below speak for themselves.

Very respectfully,

I. V. S. Stanislaus.

Analysis of Meatox.

Philadelphia, Pa., March 28, 1907.

Upon analysis of a sample of Meatox it was found to be composed of the following ingredients and proportions:—

Moisture	4.80
Celery Flavoring (residue from alcohol extract)	2.21
Sodium Chlorid	4.56
Proteid Matter	73.54
Insoluble Matter	9.43
Total	94.54
Ash	4.96
	99.50
Loss	.50
	100.00

Submitting the inclosed analysis I take pleasure in stating that basing it on the protein content this is the most wonderful exponent of the modern nutrients extant. It is practically five times the meat value as a food, and as such will command the attention of every physiologist and hygienist interested in food products.

Physiological Experiments on Meatox.

Philadelphia, June 29, 1907.

Meatox is a pale yellow, granular powder, having the odor and taste of celery, with which it is flavored.

Its composition, according to my analysis of March 28, 1907, is as follows: 73.54 per cent. of proteids, 4.5 per cent. of salts, and 12 per cent. of fats.

It does not dissolve in cold water, but imparts to the water an opaque color. When applied in a solution to the frog's heart it increases the rapidity of the beat for a short time, then makes the beat stronger. (Plate 1 and 1a.)

The following counts of experiments were made using frogs' hearts and recording tracings on a smoked drum, time in seconds:—

Experiment No. 1.

P. M.	Time per minute on 15-second count.
2.00.00	40
2.01.00	40
2.01.15	Meatox in water solution applied
2.01.30	40
2.02.00	42
2.02.45	40
2.03.00	40
2.03.30	38
2.04.00	38
2.05.00	38
2.06.00	38
2.07.00	38
2.08.00	38
2.09.00	36
2.10.00	36

Experiment No. 2 (Plate 2).

3.00.00	34

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3.01.00		34
3.01.15	Meatox in water solution	
3.02.00		36
3.02.30		36
3.03.00		38
3.03.30		38
3.04.00		36
3.05.00		36
3.06.00		35
3.07.00		36
3.08.00		36
3.09.00		36
3.10.00		35
3.11.00		35
3.12.00		34

The effect on blood-pressure in the human subject was noted. A man was fed on Meatox, bread and butter, water, a little hot tea, without milk, and fruits and berries with a little sugar for ten days. Blood-pressure was estimated with a Rivi-Rocci sphygmomanometer, the systolic pressure being only recorded. Before starting in on the Meatox diet, the radialsystolic pressure was 115 millimeters of mercury, while at the close of the diet the radial systolic pressure was 118 millimeters or mercury.

The blood-pressure on a rabbit was taken and confirmed the rise of pressure. The rabbit was carefully etherized and a cannula placed in the left carotid artery, which was attached to a Ludwig's mercury manometer, and records of the various changes in the pressure were noted on a smoked drum of a Ludwig's kymograph.

One decigram of Meatox was macerated thoroughly with about 1 drachm of warm water and then filtered through glass wool; a few drops of warm water was added to wash out that which might remain in the filter and to make up the desired quantity.

The solution of filtered Meatox was injected into the right external jugular vein, and the following will give result of heart beats per 15 seconds, also blood-pressure per millimeter of mercury (Plates 3 and 4):—

P. M.	Heart-beats 15 seconds.	Mm. Pressure.
4.00.00	45	56
4.00.15	50	58
4.00.30	Injected Meatox 1 Decigram (1 drachm of water)	
4.01.00	51	69
4.01.15	54	75
4.01.45	54	79
4.02.00	49	87
4.02.15	50	87
	Change of drums—2 minutes	
4.04.15	51	87
4.04.30	53	93
4.05.00	54	87
4.05.30	56	83
4.06.00	50	90

Rabbit began to struggle while changings drums—waited until it quieted down (Plate 5).

4.10.00	56	96

The effect of Meatox was tried on intestinal peristalsis. The effect was studied after the method of Professor Magnus, of Heidelberg. A piece of the small intestines of about 10 centimeters in length was taken from a rabbit. This was placed vertically in a glass containing about 225 cubic centimeters of a modified Ringer fluid kept to the temperature of 37.5 degrees C. One end of the intestine was attached to an L-shaped glass rod by means of an S-shaped pin hook, and the other end to a Porter's heart lever slightly weighted.

Oxygen was allowed to pass through the solution all the time. Before the Meatox was added contractions were recorded, to get about as near normal contractions as possible. About 2 decigrams of Meatox were then added, and it was noted that the tonus of the contractions increased but the frequency remained about the same (Plate 6.) When larger doses of Meatox were added to the intestine the frequency became a little slower, but the tonus and force of contractions increased quite markedly.

The effect on voluntary muscles was studied by soaking the gastrocnemius muscle of a frog in a watery solution of Meatox. The muscles were allowed to soak in this for various lengths of time, ten (Plate 7) or fifteen minutes being the usual periods (Plate 8).

The recording of the effect of a maximal break electric shock was noted on a smoked drum by means of a Porter's muscle lever and moist chamber. The

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muscles contracted very rapidly. Both the systole and diastole were very rapid, and when a strong tetanizing current was added it was noticed that the contractions became stronger after the current was on for a few seconds. Return to the normal was gradual. From this it appears to assist in muscular contraction.

The above deductions convince that Meatox as a concentrated food is an easily digested, assimilated, and sustaining condiment. It is the first in the field of foods as a true, highly-organized proteid food. Acknowledgment is here made of the valuable assistance rendered by Joseph F. Ulman, M. D.

ELONGATION OF THE UVULA.

As a gargle in sore throat or elongation of the uvula, Kennedy's Dark Pinus Canadensis has very general endorsement, the usual proportion being teaspoonful to glass of water.

For nervousness, sleeplessness and sexual excitement, characterized by erections or even chordee, various authorities vary in their recommendations. Ringer recommends the use of aconite and camphor. Bartholomew and Phillips both advise the administration of lupulin. The value of Hyoscyamus has been appreciated by many medical men for a long time, and is quite valuable. Bromidia is to be highly recommended, since it consists of chloral, bromide, hyoscyamus and cannabis indica, and acts as a somnifacient, spinal sedative and hypnotic. The dose is a drachm to two drachms an hour before bed time.

PUZZLE FOR THE CONVALESCENT

Just a little puzzle, when your down with pain, makes the sick room brighter and help make you well again.
Have you seen it?
Heard of it or tried it?
What?
Why the great

"SKIDOO PUZZLE"

Both interesting and amusing, and more fascinating and scientific than the great success of some years ago, called Pigs in Clover. A three ball game. By Mail 15 cents, try it. Agents write for territory and terms—to

DAVID H. MARTIN, Patentee and Manufacturer
901 N. Caroline St., BALTIMORE, MD.

Some of the indications for Sanmetto are: Vesical irritation and atony; enuresis due to atony; incontinence of urine in children due to a weak bladder; dribbling of the urine in the aged, not due to paralysis or growths; urine expelled upon exertion, as a coughing; cystitis; catarrhal discharges from bladder or genitalia of male or female; seminal emissions; prostatitis, enlarged prostate and pre-senility.

STREET WIT.

Jones met Smith on the elevated station at 110th street on a cold, blustering day.

Jones: Glad to see you, old man! Jove! but it's bleak up here, isn't it?

Smith: Yes; but it's Bleecker, between Eighth and Grand.—The Circle.

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INDIANA UNIVERSITY SCHOOL OF MEDICINE

CLINICAL DEPARTMENT

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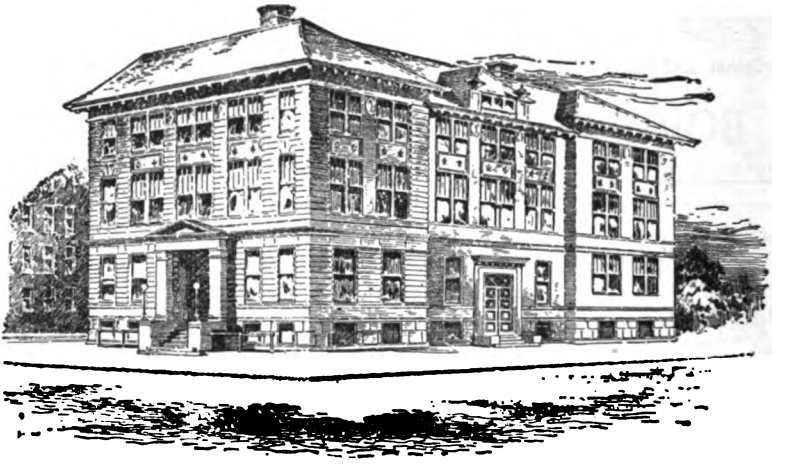

During the past summer the Trustees of Indiana University acquired full control of the State College of Physicians and Surgeons and made it an integral part of the Medical Department of the University, the same to be known in the future as the Indiana University School of Medicine, and giving the full four years' course.

The first two years of this course will, as heretofore, be given in the extensive and thoroughly equipped laboratories of the University at Bloomington, for the reasons that such an arrangement is not only more economical to the State, but also the student is assured of the best facilities for study and the highest standard of instruction.

The work of the Junior and Senior years will be given at Indianapolis in the College building and will consist mainly of clinical and bedside teaching. To better meet the demands for a thorough clinical education, the College has established its own hospital with a floor space of 15,000 square feet. The hospital consists of over seventy beds, including obstetrical and children's wards. The dispensary and out patient departments are now in successful operation; and abundant clinical material from these sources is assured.

Indiana University will grant the degree of M. D. and confer the diploma.

Catalogue or other information will be furnished upon application to the Secretary.

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ORIGINAL COMMUNICATIONS.

LUPUS ERYTHEMATOSUS.*

By John V. Shoemaker, M. D., LL. D.,
Professor of Materia Medica, Therapeutics, Clinical Medicine, and Diseases of the Skin, in the Medico-Chirurgical College and Hospital of Philadelphia.

Gentlemen:—This patient suffers from a disease that is not very common, though I believe it exists more frequently than is generally supposed.

The patient is 29 years old. Occupation, housewife. Nativity, United States.

The disease is of one year's duration; it began on the right cheek bone as a small red spot, which spread gradually toward the ear and nose. Three months after the appearance of the red spot on the right cheek a similar spot appeared on the left ear, involving in the course of a month the entire organ. Two months after the ear had been involved the left ala of the nose became invaded with the same characteristic red spot which spread over the cheek and left side of the nose, forming with the opposite side of the face the so-called butterfly-shaped patch. The lesions on close observation are slightly raised and covered with thin, grayish scales firmly adherent to and dip down into the distended ducts of the sebaceous glands.

The involved skin is dark red in color and there is very little infiltration present.

The patient complains of no pain, but experiences occasionally a burning sensation.

Diagnosis—This is undoubtedly a case of lupus erythematosus, the diagnosis of which as a rule is always easy, especially when it involves the face and forms with the nose the characteristic "butterfly-shaped" patch which is almost pathognomonic of the disease. Also, the peculiar color of the lesion, the absence of subjective symptoms, and the chronic course serve to distinguish it from almost every other disease of the skin

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that may attack the face. The disease, however, is sometimes confounded with lupus vulgaris, syphilis, eczema, and tinea trichophytina, but the brief points as tabulated on the blackboard will serve to make the differential diagnosis.

Lupus Erythematosus.

1. The lesion is superficial with no papules or tubercles.
2. Sabaceous ducts are patulous.
3. Lesions well defined scaly patches.
4. Occurs after puberty.

Lupus Vulgaris.

1. The papules and tubercles are deep-seated.
2. Sebaceous glands and ducts are not affected.
3. Lesions discrete and ulcerate.
4. Occurs in childhood and youth.

Lupus Erythematosus.

1. History negative.
2. Attacks the cheeks and nose preferably.
3. Desquamation of scales.
4. No falling of hair or sore throat.

Syphilis.

1. History of chancre.
2. Eruption more prominent on the back, seldom invades the face.
3. Scales absent.
4. Sore throat and falling of hair common.

Lupus Erythematosus.

1. Itching slight.
2. No vesicles or exudation.
3. No incrustation.
4. Onset slow.

Eczema.

1. Itching severe.
2. Vesicles and exudation.
3. Incrustation present.
4. Onset rapid.

Lupus Erythematosus.

1. Course chronic.
2. No vesicles or papules.
3. Hair not affected.
4. Microscope does not reveal parasite.

Tinea Trichophytina.

1. Course rapid.
2. Vesicles and papules.
3. Hair affected and look stubbed.
4. Microscope reveals parasite.

Pathology—Lupus erythematosus is a chronic inflammation of the cutis leading to its degeneration and atrophy.

The inflammatory process was thought to originate only in or around the sebaceous glands, is often, no doubt, the fact, but in very many patients the disease may affect all structures of the skin. It may have its primary seat in any of them. The microscopic examintions of portions of the skin affected with lupus erythematosus indicate inflammatory changes in one or the other component parts of the integument.

The glands are thickened by an increase of connective tissue and by accumulation of cells externally and internally. The blood-vessels are dilated by the connective tissue, are infiltrated with embryonic cells, and there is new cell formation from both the blood-vessels and connective tissue in the parts involved.

There may be atrophy of the epidermis, probably due to the glandular proliferation developing seborrhea, and desquamation of the upper layers. In some cases the inflammatory process may terminate in absorption, and the integument return to its normal state without leaving any evidence of the disease upon the affected parts.

The tendency in most cases, however, is for the inflammation to cause degenerative changes, leading to atrophy of the affected tissues, the hair follicles and glands may be destroyed, resulting in cicatricial atrophy of the part affected by the disease.

Etiology—The course of lupus erythematosus generally occurs as the result of a defective state of general nutrition in persons having an irritable condition of the sebaceous glands, and especially in those who are poorly nourished, chlorotic and tubercular. The disease is

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more common in blondes, and it attacks both poor and rich alike and persons of all temperaments. The more frequent predisposing causes are scrofula and seborrhea. This patient does not exhibit any organic trouble nor from her history are we able to find a causative factor of the disease. Her personal and family history are negative as regards tuberculosis or heredity of her disease. Indeed no ascribable cause can be ascertained; hence we attribute the disease due to a general constitutional disturbance.

Treatment—Our treatment, in this patient especially, should be directed towards her constitutional condition more so than to the disease directly. The best results are obtained by general hygienic attention with a nutritive and tonic treatment and proper local measures.

The drug that may have decided influence upon the skin in these patients is antimony, consequently we will give her

Rx. Vini antimonii

Fluid extract hydrastis a a ℥i

M. S. Twenty (20) drops in a little water after each meal.

Later in the course of treatment arsenic and ferri iodidi may be given for their alterative and tonic effect.

Locally the following stimulating ointment will be very efficacious for this patient.

Rx. Olei eucalypti ℥i

Unguenti oleati hydrargyri (10%) ℥i

M. S. Apply to the parts affected twice daily.

Clinical lecture delivered in the Clinical Amphtheatre Medico-Chirurgical Hospital.

THE NEURO-PSYCHOPATHIC CONSTITUTION.

By Joseph J. Hoffman, M. D., Indianapolis,
Assistant Physician Central Indiana Hospital for the Insane.

It is of the greatest importance that there be an early recognition of a neuro-psychopathic constitution, in the prevention of mental diseases.

There are many cases of mental disorder at the present day, which are unrecognized; in other words, the mind is disordered subjectively, though objectively there may be no symptom apparent. The question is a difficult one but of vast importance to all students of psychiatry. It is beset with great intricacies and surrounded by many dangers. In the hands of the inexperienced, the ignorant, the indiscreet and the willfully designing, the facts that I desire to record, and principles which I purpose to enunciate, might be productive of much mischief. The subject of latent and unrecognized morbid mind is as yet in its infancy. It may be said to occupy, at present, untrodden and almost untouched ground. What a vast field is here presented to the truth-loving and philosophical observer, who, to a practical knowledge of the world and human character, adds an acquaintance with the higher departments of mental philosophy.

How much of the bitterness, misery and wretchedness so often witnessed in the bosom of families arises from concealed and undetected mental alienation? How often do we witness ruin, beggary, disgrace and death result from such unrecognized morbid mental conditions? It is the canker worm gnawing at the vitals and undermining the happiness of many a domestic hearth. Something must be done to arrest the fearful progress of the moral avalanche and the course of the rapid current that is hurling so many to ruin and death.

This type of mental disoder exists to a frightful extent in real life. It is unhappily on the increase, and it therefore behooves one to fearlessly grapple with an evil which is sapping the happiness of families, and to exert the utmost ability to disseminate sound principles upon a matter so intimately associated and so closely interwoven with the social

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well-being of the human race. In many instances it is difficult to differentiate between the normal or healthy mental irregularities of thought, passion, appetite, and those deviations from natural conditions of the intellect, both in its intellectual and moral manifestations, clearly bringing those so affected within the legitimate domain of pathology.

Are there any unfailing diagnostic symptoms by means of which we may detect these pseudo forms of mental disorder with sufficient exactness, precision and distinctness to justify the conclusion that they result from a deviation from the normal cerebral condition? The affections of which I speak are necessarily obscure, and, unlike the ordinary cases of mental aberrations of everyday occurrence, they frequently manifest themselves in either an exalted, depressed, or vitiated state of the moral sense. The disorder frequently assumes the character of a mere exaggeration of some single predominant passion, appetite or emotion, and so often resembles, in its prominent features, the natural and healthy actions of thought, that the practiced eye of the experienced phychiatrist can alone safely pronounce the state to be one of disease. I do not refer to cases of natural irritability, coarseness, and brutality, criminal propensities and excessive caprice, for these conditions of the mind may, alas! be the natural and healthy operations of the intellect. These strange phases of the understanding, these vagaries of the intellect, this ever-changing cataract of oddities of conduct, present to the philosophical psychologist many points for grave contemplation. It has been often observed that a rough and ready manner, which is natural to one person, indicates nothing but mental health in him; but if another individual, who has always been remarkable for a deferential deportment, lays these qualities aside, and without provocation or other adequate cause, assumes the unpolished forwardness of the former, we may justly infer that his mind is either already deranged, or on the point of becoming so.

The accompanying morbid alienation may be of no appreciable extent and may not exert its terribly crushing and despotic influence upon the individual with sufficient force as to render him incapacitated for his daily duties. His wit continues to dazzle and his repartee has lost none of its brilliancy. His fancy retains its playfulness and his conversation its perfect coherence and rationality.

We often witness in actual practice, all the delicate shades and gradations of such unrecognized and neglected mental alienation. It often occurs that these unfortunates are able to perform with praiseworthy propriety, and with scrupulous exactness, most of the important duties of life, but, on the other hand, they frequently manifest undue antipathies of a most violent character, and are suspicious of their kindest and dearest friends. So cleverly is this mask of sanity and mental health worn, so effectually is all suspicion disarmed, that mental disorder of a dangerous type has been known to exist for years without exciting the slightest notion of its presence, until some sad and appalling catastrophe has painfully awakened attention to its existence. The most trifling circumstances rouse their excitability, breaking out into ungovernable paroxyms of passion, and at the least provocation they give vent to outbursts of demoniacal fury. They lose all sense of delicacy and refinement. Occasionally the malady shows itself in an overbearing disposition. Persons so unhappily disordered browbeat and bully those over whom they have the power of exercising a little short-lived authority, and, forgetting what is due to station, intelligence, reputation and character, they become within their circumscribed sphere petty tyrants, aping the manners of an eastern despot. They are impulsive in their thoughts, are often obstinately and pertinaciously riveted to the most absurd opinions, and oppose every endeavor to bring them within the domain of common sense and correct principles of reasoning. These deviations from the normal mental sphere may manifest themselves in a disordered volition, an insane desire for notoriety, a sudden impairment of the power of attention or in many other ways too numerous to men-

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tion. A vast number of these sad afflictions are symptomatic or unobserved, and consequently neglected cerebral conditions. In early childhood these forms of mental disturbance may often be detected. To its existence may often be traced the motiveless crimes of the young, as well as much of the unnatural caprice, stupidity and wickedness often witnessed in early life. In the majority of instances the unfortunate patient is quite ignorant of his lamentable condition and repudiates emphatically and indignantly any reference to the subject. In some cases, however, the unhappy sufferer is conscious of his lamentable state, and feeling a necessity for cerebral relief, eagerly seeks the consolation and advice of his trusted physician. In this stage of mental consciousness, a painful struggle often takes place in the patient's mind relative to the reality of his mental impressions. This type of case often comes under the notice of those engaged in the treatment of mental maladies. The form of insanity exhibiting itself in acts of cruelty and brutality may exist unassociated with delusions. There is much of this latent and undetected alienation of mind in real life, producing within the sacred precincts of domestic life great irregularities of conduct and a fearful amount of domestic misery. It is so often found in persons of great mental faculties and high attainments. The ordinary actions or conversation of those so affected, in many cases, would not convey to a stranger an idea of the existence of such a sad state of the intellect.

It is often very difficult to draw a true line of demarcation between moral insanity and crime. Revenge, especially long meditated revenge, is less excusable than hasty resentment. But if, under great provocation there be apparent apathy, let the friends of the offender and the offended beware; for, granting that the injured individual is first stunned, and incapable of feeling resentment at the moment, long afterwards violent reaction may take place. There is great meaning in Lord Byron's words:

"Cold as cherished hate."

The passionate, quick-tempered man is dangerous while his passion lasts, but seldom longer.

Genius is often a fatal gift, like beauty, and, as is so often seen, it is seldom combined with common sense. Many genii are developed in infancy, and many of these chosen, who do not ultimately become genii, will stop half way, becoming insane. Insanity is a half way inn, and the precocious youth, both male and female, having well passed its confines will in all probability develop into a genius; but alas! many fail to pass this barrier, and consequently our institutions are full of brilliant intellects, cut short in the precocity of their youth. The insanity of genius is a psychological problem, and comes before us with the most tremendous contrasts respecting life and death. Illusion is a pronounced characteristic of genius, and this is not to be wondered at, when we consider that the workings of the imaginative mind are one protracted course of ideal creation. There is a great relationship between insanity and genius. It is extremely difficult at times to define the line of demarcation that separates the sane from the insane, the babbling, driveling idiot from the man of transcendent genius. Such a line is difficult to fix; on the one hand a high-wrought and gifted mind, on the other an intellect distracted and tainted.

Another difficult thing to do is to differentiate between the creations of genius and the wanderings of insanity. Excessive expansion of the gray matter, great sensitiveness, quickness of apprehension and vividness of imagination are all indications of a state of brain bordering closely on the domain of disease.

It was the opinion of Plato that the wicked owe their wickedness to their organization and education, so that not they but their parents and instructors should be blamed; and other eminent philosophers, among them Hippocrates, have maintained that there was no vice, but was the fruit of madness. To uphold such a doctrine today, would be thought a perilous thing to society, as removing from the wicked the salutary fear of the penal consequences of his actions, which operate to turn him from

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his wickedness and to make him do that which is lawful and right. It will be said, however, if crime were to be considered the fruit of madness, it would be wrong to punish an offender at all; he ought rather to be pitied and kindly cared for.

Not until comparatively lately has much attention been given to the way in which criminals are produced. It was with them much as it was at one time with the mentally unbalanced. To say of the former that they were wicked, and of the latter that they were mad was thought to render any further explanation unnecessary, and any further inquiry superfluous. They are, however, neither accidents nor anomalies in the universe, but come by law and testify to causality. There is nothing accidental, nothing supernatural, in the impulse to do right or in the impulse to do wrong; both come by inheritance or by education; and science can no more rest content with the explanation which attributes one to the grace of heaven and the other to the malice of the devil, than it could rest content with the explanation of insanity as a possession by the devil.

It is to the perfecting of mankind by the thorough application of a true system of education that we must look for the development of the knowledge and the power of self-restraint which shall enable them, not only to protect themselves, but to check the propagation of it from generation to generation. It is not probable that much progress can be made in one generation, for centuries are but seconds in the great process of human evolution; nevertheless it is our duty to do all we can to carry it forward in the confident hope that the day will dawn although it is yet only the twelfth hour of the night.

When we take into consideration the tremendous influence which the different mental emotions have over the bodily functions, when we perceive that violent excitement of the mind will not only give rise to serious functional disorder, but actual organic disease, leading to the commission of suicide, how necessary does it appear that he to whose care is entrusted the lives of his fellow-creatures should have made this department of philosophy a matter of serious consideration.

There is no passion of the mind which so readily drives a person to contemplate suicide as remorse. In such cases there is generally a shipwreck of all hopes, to live is horror; the infuriated sufferer feels himself an outcast from God and man; and all he thinks of and aims at is to withdraw with as much speed as possible from behind the footlights of life, where torture and torment were his share, totally regardless of consequences.

It is admitted, by almost universal consent, that there is no affection of the mind that exerts so tremendous an influence over the human race as that of love. This sacred sentiment, which some have debased by the term passion, unrequited and irregulated, produces the most baneful influences "fit to make the Gods in heaven weep." From the constitution of woman, we should conclude to find manifested in her this sentiment in all its purity. A woman's life is said to be but the history of her affections. It is the soul within her soul, gleaming like the pallid silver of the moon. Separated from the bustle of active life, isolated like some rare exotic flower, this sentiment appears like some rare pearl beneath the wind-kissed waves of a summer sea and constitutes almost her whole being. The almighty recorder alone knows how many hearts have been rendered unspeakably unhappy through unrequited affections. How many melancholy cases of self-destruction can clearly be traced to this cause. Death itself is preferred to an existence of uninterrupted sorrow. When the heart is seared, when there exists no green spot in memory's dreary waste, when all hope is banished from the mind, and wretched loneliness and desolation reigns supreme, need it then excite surprise that the quietude of the grave is eagerly sought?

The highest evolution of which man's being is capable, physically, morally and intellectually, through knowledge of, and obedience to, those natural laws, which govern not only the physical world, but not less surely, every thought and feeling, must be the aim of an education

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founded on a truly scientific psychology. But if this be the true aim of education, how vast a revolution remains to be accomplished? To lay down the principles of mental hygiene on a scientific basis would, alas! be to offend many cherished beliefs, and to go directly antagonistic to the convictions of all but a small minority of mankind.

Nevertheless, I believe that the aims of a true education would, if sincerely recognized and earnestly pursued, do more than all the maxims of philosophy have done, and all the arts of medicine can do, lessen the amount of insanity on this earth.

GENITO-URINARY AND DERMATOLOGICAL AXIOMS.

By Dr. Noah E. Aronstam, Detroit, Mich.

(1) Be always on your guard in cases of a sanguino-purulent discharge from the urethra unaccompanied by any subjective symptoms, such as urinary tenesmus and painful micturition. These cases may prove subsequently to be either a mixed infection, or else they may denote an initial sclerosis. Especially is this the case when the incubation period exceeds one week.

(2) Intragluteal injections of mercury is a most efficacious therapeutic measure in tubercular syphilides, pre-eminently in those instances, where the above agent is not tolerated per os. Under this method the lesions will invariably disappear and the process may be kept in abeyance indefinitely.

(3) Gonococcic urethritis is no longer regarded as a mere local affection; it is beyond doubt a far-reaching constitutional disease, and the practitioner is committing a criminal offense against his patient as well as against the integrity of society at large, by intimating to the patient, that this malady is not worse than a "cold." Such laxity betrays an unpardonable gross ignorance on the part of the physician, but fortunately their number is continually on the decrease.

(4) In patulous urethras the insertion of sounds should occasion very little pain and discomfort, provided the operator adheres to certain principles in the use of these instruments. Patience above all is the most requisite factor, and by a gradual, cautious and gentle manner with a thoroughly lubricated sound, there should be but very little annoyance engendered.

(5) Flocculi and fibrille in the urine do not always suggest a pathologic condition in the normal urethra, which has not infrequently encounter similar conditions in the normal urethra, which has never been the seat of any morbid process. The macroscopic appearance alone is not adequate enough and of little value, if not supplemented by microscopic findings.

(6) Hyposulphites, especially the sodium hyposulphite, is an invaluable remedy in parasitic disease of the nail substance, in the form of a solution about half an ounce of the salt to a pint of tepid water; the affected nail to be immersed therein twice daily, for ten to fifteen minutes.

7. Scrofulodermata are very difficult to cure. It would seem that at times a cure may be apparently effected, when it breaks out again in renewed vehemence. Especially is this the case in scrofulous or tubercular glands of the neck. If external applications and the internal administration of cod liver oil and iron iodide does not avail, we must have recourse to curettement of the glands with subsequent cauterization. Their total extirpation should not be attempted, for fear of dissemination of the tubercular process constitutionally and the subsequent infection of more vital organs.

(8) Pressure exerted over a chancroidal bubo by means of a pad of absorbent cotton and a snug spica bandage will at times abort the suppurating process and allow the infected gland to go on to restitution. Simultaneously, however, the ulcer must be kept scrupulously clean and free from all detriti. If absorption

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is not established within three days, the gland must be incised, curetted and drained.

(9) Spermatocystitis or seminal vesiculitis, as it is sometimes styled, is the most difficult pathologic condition to treat in the domain of genito-urinary surgery. Not much time should be lost in internal medication, but the affection should be attacked from its very seat by manipulations, sounds and frequent irrigations. Even these measures may affect no results. Under these circumstances we must resort to a vasectomy.

(10) The solution of the active principle of the adrenals, about 1 to 1,500 or 1,000 is a very powerful astringent and soothing agent in acute eczematous conditions and dermatitis. It allays the subjective symptoms, blanches the part by virtue of its astringent property without secondary dilatation of the capillaries. It is well to reinforce its action by the addition of some boric acid and camphor water in the following proportions:

R	Ac. boracici		gr. v
	Liq. adrenalini	(1:1000)	dr. iv
	Aq. camphorae		dr. ii

Aq. destillate q. s. ad oz. 1 M. Saturate a piece of sterile gauze with this solution and apply to the inflamed or affected parts; renew application when the dressing is dry.

GASTRO-ENTEROSTOMY FOR PYLORIC OBSTRUCTION.*

By John C. Sexton, A. M., M. D.,
Professor of Gynecology and Abdominal Surgery, Indiana University College of Medicine.

The case that I will bring before you today is a patient of Dr. H. H. Weer, and one of unusual interest, growing out of the fact that we are going to attempt to save a man, who for a number of years has been suffering from some obstructive lesion about the pylorus. Plainly and simply speaking, for the last few weeks this man has been starving, because of the fact that food cannot leave his stomach.

The operation proposes, first, to investigate the nature of the obstruction, second, to relieve it if possible, and third, if it is not possible to remove the obstruction on account of its adhesions, or the shortness of the time that we can be allowed on account of the patient's lack of strength, to resort to some of the methods of making an artificial opening in the stomach and uniting it to the intestine; or in other words, perform a gastro-enterostomy.

The patient is a man fifty-three years of age. He has been a mechanic. He has always been temperate, free from venereal diseases, and his family history is good. He has had of eight years "stomach trouble," dyspepsia in various forms, most noticeable in the way of burning in the stomach, with little or no pain. He has distention and fullness after meals, vomiting, and constipation. These sypmtoms have gradually increased until we have now a dilated stomach. A stomach that cannot empty itself; firstly, on account of the obstruction at the neck, secondly, because of lack of motility. All the sypmtoms of dilatation are manifest, the vomiting of large quantities of food in various stages of decomposition, with little or no digestion, foul-smelling, horrible messes. He has almost constant eructation of foul-smelling gases. He scarcely can get any sleep at all at night on account of continuous belching. One cannot be in his presence without detecting the disagreeable odor of his breath. The man gets some relief by daily use of the stomach tube, washing out of the stomach at night which gives him sometimes a few hours' sleep.

The obstruction is not absolute; some food can still pass the orifice of the pylorus. His bowels are constipated, but the bowel movements show some digestion and some food passing the pylorus. Examination reveals the stomach distended to, or below, the umbilicus, and the skiagraph taken with the bismuth test shows the outline of the stomach to

*A clinical lecture delivered at the Indiana University College of Medicine, October 23, 1907.

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be nearly two inches below the umbilicus.

In order that you may appreciate the starvation that this man has undergone, I may tell you that his weight is reduced from one hundred eighty-five pounds to now less than ninety pounds. So he comes to us seeking relief, not from pain, but from the depressing effect of the poisons which accumulate in his stomach, and from the evident starvation into which he is rapidly hurrying.

The hemoglobin is reduced to about eighty per cent. Examination of the stomach contents and the bowel movements fail to show any blood. There is no loss of acid, and the time that the patient has lived, the lack of pain, the character of the vomited matter, all speak against cancer. But dilatation of the stomach is so commonly caused by cancer that notwithstanding the negative character of the symptoms we must accuse such a condition of the stomach as being cancerous until it is proven innocent. So at our hands this man seeks relief from his suffering and if possible removal of his growth, or if that is not possible, the prolongation of his life by other surgical measures.

In an operation of this kind we open the abdomen, not in the median line, but from one-half to one inch to the right, so as to more readily expose the pylorus. We immediately come upon a tumor, which is non-adherent and which with only little difficulty, I am able to deliver for your inspection. Here you see a tumor of the pylorus almost as large as a billiard ball, which seems to surround the pylorus uniformly. There is no lymphatic involvement, and the tumor would doubtless be easily removed were not the patient so weak that the time required to do so would be more than we feel we can safely take. Replacing the tumor, drawing out the stomach and transverse colon, we perforate the mesocolon at the most bloodless point, and catch the stomach at the place on its posterior wall which would seem to us to be its lowest point. By drawing the transverse colon a little to the right and making firm traction upon it, we are able to secure the first loop of the jejunum after it leaves, or rather as the intestine emerges under the ligament of the Treitz. At this point we will anastomose the stomach and the jejunum. The first row of stitches is made with No. 1 celluloid linen. With the stomach and intestine both clamped off, incisions are made in them one and one-half inches in length, and these openings are sutured all the way around with ten-day catgut No. 0. After completion of the sutures in two rows the stomach is carefully stitched to the transverse mesocolon, so as to prevent a hernia of the intestine into the lesser peritoneal cavity. The toilet of the peritoneum is made in the usual way, but the abdominal musculature is closed more tightly by placing the stitches closer together than ordinarily, for the reason that as soon as this patient recovers from his anesthetic he will be placed in an upright position. We have now had the patient breathing ether altogether forty-six minutes. We have lost scarcely any blood and yet the patient leaves the table very much exhausted. He will be given rectal feeding and hypodermic stimulation.

The after treatment of this case is of interest to you. You will notice that our effort is to get perfect drainage from the stomach. We have opened it at the most dependent point. The operation of gastro-enterostomy is a purely drainage operation, nothing more or less, whether it is done for ulcer, tumor, cancer or what not.

For the first twenty-four hours the patient will be given absolutely nothing by the mouth. The second twenty-four hours he will receive hourly doses of tablespoonfuls of hot water. If the patient does not vomit, nor unfavorable symptoms arise, in the third twenty-four hours he will be allowed a little beer, two or three ounces at a time, three hours apart; and the fourth twenty-four hours buttermilk will be added alternately with the beer. And so for eight days he will receive only a little beer and buttermilk and water. No attempt will be made to move the bowels until the tenth day.

One week later this patient was again brought before the class.

The patient has not vomited but twice

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since his operation. The eructation of foul smelling gases has entirely ceased. The patient is able to enjoy unbroken sleep. There has been little or no distention of the abdomen, and particularly, I want to call your attention to the fact that he has never vomited any bile. One of the great troubles and one of the great dangers of this operation is that the loop of the intestine will be united to the stomach in such a manner that the bile, instead of flowing down the intestine as it should, flows back into the stomach, producing thus almost continuous nausea and vomiting. The external wound, as you see, is healed by primary intention, and the patient is rapidly improving in strength and is very anxious to have something more to eat. The rectal feeding will now be discontinued. His diet will be increased. Soups and broths, hard toasted bread, not soft bread, will be added. We use the dry bread for double purpose, not only for the nutritial value of the bread, but for the stimulating effect that follows upon mastication. This man will be now required to use his teeth, as the act of mastication stimulates the flow not only of saliva but of gastric juice as well. Soon he will be given a soft egg, and gradually he will return to a regular diet.

It is at once evident to you that the patient in this case is not yet out of trouble. The growth remains. It is scarcely within the bounds of expectation that sufficient atrophy will take place about the growth to, in any way, cause a re-opening of the pylorus. But, on the contrary, what is much more apt to happen, is that malignant changes, carcinomatous changes, will take place. If this man continues to improve he will be able to leave the hospital in another week, and when he goes from us he will carry with him our advice to return to us after six weeks or two months, when his strength will have returned, and undertake an operation for removal of the growth.

The treatment in this case may be subject to your criticism that we should have removed the growth at the time of the operation, but when you consider the weakness of the patient and the fact that a resection of the pylorus would have required at our hands almost one hour more time than we consumed, I am of the opinion that the course we pursued is the better. At any rate, we have a living patient, convalescent, rapidly going on to a good cure, and we consider it better for us to save the patient than to take unusual risk merely to do an ideal operation; or as some of you have playfully expressed it, we would rather save the patient than the tumor.

The patient was able to leave the hospital two weeks after his operation.

A HUMAN BIPED.

"Justin, there's a man down here with a bill," called Mrs. Wyss to her husband.

"Gee whiz! let's go down and see him, pop," exclaimed young Austin Wyss excitedly. "He must be a bird."

—The Circle.

A DARK OUTLOOK FOR MISS SIMPKINS.

At an evening prayer-meeting in a Maine village the senior deacon, Dominicus Jordan, arose to make appropriate scriptural remarks about the death of the late Miss Simpkins. In conclusion the deacon said: "I respected Miss Simpkins, the members of this church respected Miss Simpkins, the citizens of this town respected Miss Simpkins; but now she's dead and gone to the Lord, and the Scripture saith, "The Lord is no respecter of persons.' "—The Circle.

A DREAM

Wishing to learn what his nephew would say, Uncle Charles asked little Fred, "What would you do if you stood at the root of a tree with your foot on the head of a live rattlesnake, a tiger was crouching on a rranch above ready to spring, and you saw a wild Indian running at you with uplifted tomahawk?"

"I should wake right up," was the unexpected reply.—The Circle.

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EDITORIAL

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ALCOHOL AS AN ETIOLOGICAL FACTOR IN DISEASE WITH ESPECIAL REFERENCE TO EPILEPSY.

The autopsy table will reveal the ill results of alcohol in the subject of a person who has been addicted to its use. Perhaps it has been taken in moderation only. No organ in the body is excepted. The pathological lesions are particularly prominent in the form of atheroma of the arteries and a universal cirrhotic condition. The effect upon the meninges will not escape notice. Not only the alcoholic suffers but the offspring suffer also. In some cases the question of hereditary influence is doubted, but not in this one. It is a predisposing factor in drunkenness as well as many pronounced pathological conditions; further more the lowering of the vitality in parent and in child subjects them to the infection of disease and there is an increased mortality. The susceptibility of the individual depends largely upon the resistance of the nervous system, but mental and physical deterioration is sure to follow. Furthermore, the use of alcohol for the purpose of producing a feeling of well-being is perhaps no more dangerous in its ultimate results than when taken for the purpose of being able to accomplish more work. In the latter case the work is of an inferior grade and the penalty inflicted may come as a surprise. Physical degradation pursues its certain course as Longfellow has said in reference to retribution:

"Though the mills of God grind slowly,
yet they grind exceeding small;
Though with patience he stands waiting,
with exactness grinds he all."

The violation of nature's law is surely followed by the penalty, sometimes apparently unnoticed and seemingly slow, but certainly sure.

It is well to bear in mind the statement of Berkley, that a neuropathic disposition begets alcohol, and conversely the abuse of alcohol begets a neuropathic disposition and from this we may draw the conclusion of what is to follow.

In reference to the pathology Berkley says that in the nerve cells of the cortex, the Nissel method showed in somewhat indefinite detail, beginning chromatolysis of the protoplasm and alteration of the nuclei of the cells and definite lesions of the dendrites have been demonstrated. The morbid changes consist of varicose swelling of the branches and atrophy also. The cells show disease. The lesions of the sheaths of the cortex are well defined.

The cell protoplasm undergoes retrogression changes. These and other pathological changes of equal importance might be mentioned and much time with interest be consumed in discussing the changes in the vascular system and the results. Degeneration expresses the condition concisely.

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We recognize the causative relationship between alcohol and epilepsy. It is evident that alcohol will produce epilepsy in the young as well as in the old. It may be inherited. An alcoholic parent may have epileptic children, perhaps we should say, is likely to have children with symptons of epilepsy. Sajous in his work just issued, on the Internal Secretions, Vol. II, says, that main predisposing causes of epilepsy are such as to tend to inhibit the functional efficiency of the anterior pituitary body's test organ. The preponderance of this disease during youth is mainly due to one of two causes: (1) Numerous diseases during childhood which tend to debilitate this organ by stimulating excessively the pituitary body and through it the adrenals during development; (2) inherited general debility through the presence in parents of diseases or habits, such as tuberculosis, syphilis, alcoholism, etc., which tend to impair to a marked extent the test organ's sensibility.

It is said that ten per cent of alcoholics have epilepsy and it is certain that the prognosis is not favorable.

In reference to alcohol and epilepsy the November issue of the New York State Journal says:

"If there is any etiological relationship, the certainty of which we are familiar with, it is that between alcohol and epilepsy. We have as good evidence of this as we have of the causative relation subsisting between the bacillus typhosus and typhoid fever. This is a subject of such great importance that it should be kept constantly before the medical profession and through the medical profession the public should be thoroughly familiar with it, which unfortunately is not the case.

"It presents itself to us in many phases. The drinker himself becomes an epileptic; but the most important consideration is the relation of drinking on part of the parent to epilepsy in the child."

The epileptic colonies are witnesses to the old saying that "The sins of the fathers are visited on the children unto the third and fourth generation." Matthew Woods in a paper on this subject, suggests that this familiar quotation may imply a recognition of the law of atavism, or it may mean that in case of such transgression as habitual drunkenness, the family would not endure longer than the third or fourth generation. He pronounces the belief that while this is true, still, by proper living, the harm inflicted upon a family lineage by a drunken ancestry may be eliminated from the stock, as Brown-Sequard showed could be done in guinea pigs. If it can be done for the guinea pig, it should be done for man.

All observers of epilepsy report upon alcoholism as a most prominent cause of this disease; but there is a large class of cases which, according to our biological theories, would seem almost outside of the influence of heredity. These cases are so commonly observed that they represent a distinct and important contribution to the study of heredity. We refer to the occurrence of epilepsy in offspring conceived while a parent was under the temporary influence of alcohol, while offspring born before and after, which were conceived while the parent was not using alcohol, were free from the disease. Woods cites the case of two epileptics under his care, the only cases occurring in their respective families, which were easily traced to single instances of transgression in the use of intoxicants. He also reports the case of a young imbecile girl who was conceived at a time when the father was intoxicated; four children born before this period of inebriety and two born subsequent to it being perfectly well.

Spratling and Mandsley agree that epileptics, because of alcoholic drinking on the part of parents, "are as much manufactured articles as are steam engines and calico printing machines"—the product is precisely what might be expected. Both Woods and Spratling quote the Russian observer, Kovalovosky, as follows:

"Caucasus is a country of grapes and wine. The natives quench their thirst not with water, but with wine that contains from 5 to 15% of alcohol. Wine drinking is so common in Caucasus that no one considers it inebriety. Everybody knows what a high percentage of epilepsy

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is caused by the abuse of alcoholic beverages. I have spent the summer during the past fifteen years in Caucasus, where I have a medical practice, and in no place have I had so large a proportion of epileptics among my patients."

The studies of Bourneville also are cited. He observed 2,554 children who were admitted to the Bicetre and Fontain Vallee, 2,072 boys and 482 girls, all suffering with idiocy, imbecility, epilepsy and other neuroses. He found that 1,053 of them were the offspring of drunken parents. Also Demaux is cited as reporting thirty-six epileptics whose histories were well known to him, of whom five were conceived while the fathers were intoxicated.

There is a sad side to these studies. The unfortunates are the children. Parents may have a high degree of influence upon the children, but the children are born involuntarily and have no choice of parents. Some of these cases are striking commentaries upon the law of compensation—industry and the frugal life yielding healthy offspring and opulence yielding epileptics. Here is the case of a lawyer who scarcely knew the taste of liquor, and who became the father of four healthy children. Then he became prosperous and famous, organized a wine cellar and became a bon vivant. Two more children were born, both of which developed epilepsy.

While medical men are familiar with this etiological relationship the public is not, and it behooves us to exert every influence that the public shall understand that we know this much of the etiology of epilepsy, and that so much of it at least is not an undiscovered mystery.

NEW TREATMENT FOR DIABETES MELLITUS.

Some of the remedies which we have frequently used in the treatment of diabetes mellitus are opium, Clemen's solution of arsenic bromide, syzygium jamulanum, salicylic acid, salicine, gold and sodium chloride, ergot, diabetin, Indian hemp and a host of others. We recognize the dietetic treatment as an important auxiliary to the drug treatment. However, no form of medication has been entirely satisfactory.

We will welcome the new method of Soules, if the results of others are the same as he has experienced, in an article in the New York Medical Journal, Nov. 16, 1907. The drug used is chimaphila, and since the case is reported in the third person singular, we are necessarily inclined to believe that the patient and the author are one and the same person. Chimaphila as a therapeutic agent has not been considered of much consequence as a diuretic or alterative, or until now as an eliminant. It is obtained from the folia of Chimaphila umbellata and has a neutral principle, arbutin, and another substance, chimaphilin. It is a digestant tonic, astringent, alterative and eliminant. It is nonirritating and does not affect the heart. The fact that the urine is dark does not, it seems, indicate that an injury is produced by the agent. Shoemaker very briefly speaks of its use in Bright's disease, hematuria, certain skin diseases, scrofula, intermittent fever, lithemia, gout and rheumatism, but in the latter three it is most valuable. The best preparation is the fluid extract, the dose of which is from twenty minims to two drachms.

We trust that Dr. Soules has made an important contribution to the therapy of diabetes mellitus, and, to say the least, the results of the author warrant the further use of this agent. The report of such marked success in the treatment of this disease is of sufficient interest to append it here.

Case—S.,' a physician, sixty-two years of age, weight 160 pounds, height 5 feet 7 inches, citizen of the United States, graduate of the New York University. His habits were fairly good, and there was no history of diabetes in his family previously. I have treated this patient for diabetes mellitus eight years, or since its inception. I have been quite thorough in all my experiments, giving the remedy in large and small doses, which caused at times quite severe physiological symptoms, so much so that it was necessary to rest the stomach, which had given out by reason of over medication. This patient had the disease in a severe form,

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the sugar often reaching ten per cent, while a moderate starchy diet was being taken, and its average was four per cent when the patient was on an antidiabetic diet. One tooth had dropped out and he also had hemiplegia, which at the time of the present writing is of five years' duration, with steppage very pronounced. The first two years of my experimental treatment of this case gave no results worth recording, but on the beginning of the third year the following facts were brought out, which I deem of sufficient importance to put them on record. Capsicum annuum pulverized and given in doses of grs. xxx, t. i. d. (preferably in capsules) reduced the sugar about one-half, and its effect in this regard lasted for several weeks. Grindelia robusta did nearly the same. Dose 3i, t. i. d. fluid extract saw palmetto in doses 3ii, t. i. d., about the same. However, these agents seem to be of very little consequence compared to chimaphila, which in doses of 3ii fluid extract at each meal time taken in a glass of milk, well stirred immediately before its ingestion, proved a veritable nugget of the purest gold from the mines of therapeutics, and banished the sugar completely in twenty-three days exactly. It, however, returned in ten days, after eating a large quantity of starchy food and reducing the remedy to 3i of the fluid extract. This taught me a lesson and I ordered him immediately on a diet and returned to the full dose, when the sugar disappeared in twenty-four hours. After much thought, I attempted to cure the disease while the patient was taking a moderately starchy diet and spent two months in this endeavor, but failed in this time to accomplish any results worthy of notice. My theory of the disease being such at this time that a powerful germicide added to the dose of chimaphila would probably be beneficial to the patient and this fact induced me to experiment in this line. Amongst other therapeutical agents of this kind arsenic in medicinal doses was chosen and it was the only one which gave satisfactory results. This was continued in rather small medicinal doses for a period of about two months and proved satisfactory as near as I could judge under the circumstances. The sugar has entirely vanished, the patient is eating a small amount of carbohydrate food at each meal; he has gained ten pounds in weight, sleeps well, and has a fair appetite. His paralysis is of course no better, but I believe the diabetes to be cured.

Now, in summing up, allow me to make the following suggestions as to the treatment of the disease under consideration. I have found less than 3ii of the fluid extract of chimaphila insufficient to eliminate all the sugar from the urine. Under this dose it disappeared in less than a month. As soon as the sugar disappears, arsenic in small doses should be added to the treatment and gradually increased to a medium dose. This should be continued for two months at least, and if the sugar does not appear in that time, starchy diet should be resumed very gradually. If the sugar should at any time appear, starchy diet should be dropped at once and the antidiabetic diet resumed, together with a full dose of the medicine, which I neglected to say should have been reduced one half at the time of the commencement of a starchy diet. After a few weeks (two or three) starchy diet may be cautiously tried again, and so on, until the patient is cured. I give this as the result of my experience, although, without a doubt, improvements will be made in this respect. One more thought occurs to me and that is, that although the fluid extract of chimaphila is not difficult to take for the average patient, it may be for some. In this case the active principle should be used. The fluid extract as made today contains ten per cent of glycerine, the milk in which it is taken contains sugar; notwithstanding these facts, the medicine has proved sufficiently powerful as an antidiabetic to free the urine entirely from sugar and to cause other improvements as well, even to the cure of the patient, although this statement sounds bombastic to a degree.

A few days after commencing this treatment the urine becomes dark. Timid patients should be cautioned of this fact. Also a few days after the arsenic is added, if the fermentation be used, about half of the yeast will rise to the top of the vertical tube of Einhorn's saccharometer,

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and is with difficulty dislodged. This fact is certainly suggestive, and the urine should be microscopically examined at this time. Tests for albumen and sugar are negative at present.

HARMFULNESS OF THE "BABY PACIFIER."

The August number of the Central States Medical Monitor contained an editorial on Infantile Hygiene and we took occasion to condemn the rubber pacifier or comforter as a germ incubator and as a causative factor in intestinal diseases of children. The subject is an important one and we are glad indeed to find that the Archives of Pediatries for November gives considerable space to this pernicious habit. This journal devoted to diseases of infants and children is one of the best and what it says is wholesome and worthy of reproduction. It first calls attention to the jouncing an infant, churning or rocking it violently which may provoke regurgitation or vomiting of the churned up milk.

Further the rhythmic motion forms a habit stimulation and the baby addicted to this motion is nervous and fretful without the customary stimulation. We believe something might be included in reference to other injuries to internal organs by this practice.

The editorial further says:

"As to the 'pacifier' habit, there is more serious objection. In the first place, the dummy nipple is apt to carry dirt infection to the infant's mouth from the floor, upon which it constantly falls, or from the shelf where it is kept, producing ulcerative stomatitis or tonsillitis.

"Secondly, by stimulating constant sucking it promotes a steady secretion of saliva which in turn is constantly swallowed and, reaching the stomach, not only dilutes the gastric juice, but keeps up a peristalsis of that organ and promotes peristalsis throughout the whole alimentary tube. This increased peristalsis may result in vomiting, or, more often, in frequent movements of the bowels, particularly if the baby is already suffering from intestinal indigestion or enterocolitis. The "pacifier" should certainly never be permitted in cases of either vomiting or diarrhea, since its use aggravates these symptoms.

A third, and perhaps more serious, indictment against the "pacifier" is that, if used for a long period, it causes a deformity of the teeth and upper jaw. The premaxilliary bones do not become firmly ossified to the superior maxillae until after the age of five years, so that, aside from the softness of young bone, there is great danger that the constant pressure of the nipple against the upper gum and incisor teeth, together with the atmospheric pressure on the lateral portions of the bones at the time of sucking, will change the shape of the face.

In the British Medical Journal is an interesting article by Dr. T. F. Pedley on "The Rubber Teat and Deformities of the Jaws." Writing from Rangoon, he declares that the dummy nipple habit is exceedingly prevalent in Burmah, and that he has been struck with the deformities of the jaw and the faulty alignment of the teeth produced by the habit. He cites a number of cases and gives photographs of the jaws and of the teeth to show the lack of occlusion and the protrusion of the upper central incisors. Tonsillitis and adenoid hypertrophy are apt to supervene, and, by causing mouth breathing, to aggravate the deformity of the teeth.

For the above good reasons the use of the "comforter," or "pacifier," should be prohibited, and weaning from the bottle should take place shortly after the end of the first year, the baby being taught to take its food from a cup or by spoon. Early in life good habits are as easily inculcated as those that are harmful.

GUAIACOL LOCALLY APPLIED TO CONTROL THE TEMPERATURE IN PNEUMONIA AND TYPHOID FEVER.

I have frequently used guaiacol in combination with glycerine for the purpose of controlling temperature. It renders good service in typhoid fever and the chilly sensation which sometimes follows its use was in no case followed by ill effects, on the contrary the heart seemed to be stronger. I used ten drops in one drachm of glycerine this amount being rubbed in

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the right groin each evening, following this there was generally a fall of temperature 1, 2 or 3 degrees; in some cases I have used ten drops of tincture of digitalis before using the guaiacol. The hair should be shaved from the parts before the application is made. Scales has obtained good results in pneumonia but not in malarial fever. There seemed to be evidence that it produced an effect other than simply lowering the temperature. This author (New Orleans Med. and Surg. Jour., Sept. '07.) makes the following deductions.

1. That guaiacol when applied locally in oily solution, in quantities of from 10 to 30 drops, according to age, will reduce the temperature of pneumonia in children with rapidity, safety and certainty; 2. That it possesses peculiar efficiency in certain diseases of the broncho-pulmonary system, and seems to exert a favorable influence aside from its antipyretic action; 3. That if it is both effective and safe its cheapness and ease of application would make it an agent of great value.

THE SONG OF THE MOTORIST.

John Kendrick Bangs in "In Lighter Vein" in the November Century.

Oh. I am an Auto-mobil-ist,
And I sail the bounding pike.
I give my high-geared wheels a twist
And go wherever I like.
I bound along o'er the country roads,
Past fresh green fields and farms,
And with what joy my heart explodes
As I breast the thank-you-marms!

I strew the ways with butter and eggs
When I hit a grocer's cart,
And once in a while the grocer's legs
And the grocer come apart.
To smash bang into a load of hay,
And scatter it left and right,
With a Yeave-ho-ho, and Tara-di-ay,
Is a source of sheer delight.

No cares have I of the sort that chills
The man who is soon to "bust."
Whenever I note my unpaid bills,
I go out and raise the dust.
I raise it here and I raise it there
Till it reaches the spreading skies,
And I find enough and plenty to spare,
To throw in my creditor's eyes.

So its Ho for my trusty Automobile,
And Hi for the bounding pike!
Let others rave over the horse and wheel—
The tame and the arduous bike,
Let others rave over the brigantine
That ploughs through the realm of the conch,
It's I for the car of gasoline
With its glorious Honk-honk-honk!

THE CENTURY IN 1908.

The novelist, Marion Crawford, has lately come into possession of a long and important letter written by the father of the unhappy Beatrice Cenci. He has also acquired another Cenci family document, and has been furnished a copy of a third Cenci letter. With the use of these, and a restudy of the case, he has prepared the true story of one of the most celebrated "causes" in human annals, showing incidentally the falseness of the history used by Shelley in his famous tragedy. The article will appear in an early number of The Century.

THE ABDOMINAL BELT TREATMENT OF PERTUSSIS.

T. W. Kilmer, New York City (Journal A. M. A., November 23), reports the result from letters of inquiry in regard to the value of the abdominal belt in whooping cough, sent out to pediatrists in various parts of the United States, to which forty-five replies, covering over 550 cases, were received. The results are given in tabulated form and show 484 out of 556 patients improved (nearly 88 per cent), and only 72 showing no improvement. Most of the replies were of interest on account of their testimony to the good effects of the belt in the prevention of vomiting. This was the chief benefit claimed by him, and he is pleased to have the support of these additional witnesses. A large number of cases with complications were reported in the answers, but he finds by further inquiry that in most cases these existed before the adoption of the belt treatment. Drugs were also used in many of the cases, but the effect of the belt on the vomiting was marked, independent of the medication. The apparatus is described and illustrated.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

SOME MIDDLE EAR DON'TS FOR THE GENERAL PRACTITIONER.

Dr. John E. Sheppard says: "Although the subject was an elementary one, it was frequently necessary to recall to one's mind some of the things already well known. Ear-drops of all kinds, from sweet oil and laudanum to solutions of cocaine, were to be avoided. Flaxseed poultices usually did harm. The best household remedy for earache was dry heat. If more heat was required, it was obtained by filling the external auditory canal with hot sterile water (112 degrees to 120 degrees) and placing the hot water bag on top of it. A patient was not to be allowed to suffer from an unrelieved earache any longer than was absolutely necessary. Early incision of the drum was the best preventive for mastoiditis, and was the most likely means to insure a speedy return to the normal hearing. A few hours after the ear began to run, pain should cease, and almost always did cease, unless the mastoid was inflamed. When the pain continued, it was necessary to investigate the mastoid for tenderness, and if this was found, the question of operation was not to be postponed too long. The late symptoms of mastoiditis (edema and redness behind the ear) were not to be waited for, as they indicated that the infection had already made its way through the external mastoid cortex, and that there was a beginning subperiosteal abscess. Waiting for the perforation of the external cortex gave equal opportunity for the perforation of the internal cortex, with the resultant intracranial complications. The occurrence of a mastoiditis without discharge from the ear was not infrequent. The appearance of pyemic symptoms in the course of or following a middle-ear suppuration probably signified a lateral sinus infection. It was not to be overlooked that an otherwise unexplained high temperature in infants, or a sudden increase of fever in various diseases, might indicate middle-ear involvement. The significance of mouth-breathing in relation to middle-ear conditions was not to be forgotten. It was in itself a symptom, not a habit. In adults it meant adenoids, deflected septum, hypertrophied turbinates, etc. In children it almost always indicated adenoids, and these were undoubtedly the cause of the majority of the ear troubles of childhood. They were also the cause of most of the cases of incurable middle-ear catarrhal deafness of later life.—Report of Williamsburg Medical Society in Medical Record.

WALES.

THE CIRCULATION THROUGH THE FETAL HEART.

(Author's Abstract.)

Johns Hopkins Bulletin, October, 1907.

Pohlman reviews the three most important theories on the course of the blood through the fetal heart.

1. The theory of Sabatier, that the blood entering the heart through the inferior cava passes directly through the foramen ovale to the left auricle, resulting in a better arterial supply to the head and upper extremities. This theory is the prevalent one today and is branded as "physically impossible, morphologically inaccurate and developmentally unnecessary."

3. The theory of Wolff places the orifice of the vena cava inferior in such a position that it opens dorsally between the two auricles and that a septal prominence splits the blood current into the two halves, one of which passes through the foramen ovale, the other entering the right auricle. This position is cham-

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pioned by Ziegenspeck whose diagram is presented and whose deductions are criticised.

3. The theory of Harvey claims that the blood entering the right auricle through the cavae inferior and superior is mixed and that mixed blood passes through the foramen ovale to the left auricle.

The writer argues that anatomical relations alone cannot solve the question because they are deduced from facts observed in the dead heart and accordingly carried on a series of experiments on the living fetal pig. Corn starch granules injected into the umbilical vein were recovered in about equal proportions from both ventricles (disproving the Sabatier theory) and corn starch granules injected into the superior cava were likewise recovered in about equal proportions from either ventricle (disapproving the Wolff theory).

The theory of Harvey is substantiated in all the experiments and according to these findings all the text-books dealing with the subject are found to be incorrect. The fetal circulation is believed to be simplified in that all the arteries in the body contain the same quality of blood.

TYPHOID FEVER: AN ANALYSIS OF 717 CASES

Among the notable points in the analysis of 717 cases observed by McCrae (American Medicine) at Montreal, were the moderate mortality, 9.2 per cent, the large proportion in which the Widal test was positive, that is, 92.77 per cent, the occurrence of rose spots in 65 per cent. of all cases and the predominance of constipation over diarrhea. The large number of cases of perforation—43, of which 23 were operated on, with 6 recoveries—was also a notable point. The treatment followed was largely that of cold bathing, or cold water, or alcohol spongings. The routine administration of the first bath is, as a rule, at 90 or 85, lowering about 10 degrees the second time and the succeeding baths at 70 or 75. The antipyretic treatment consists of phenacetin, alternating with salol. In most cases a purely liquid diet was given, though semi-solids were allowed in some cases. The author says no rule as to diet will apply to all cases, but that any food that reaches the intestines in any other than a perfectly fluid form is bad.

CURRAN POPE.

THE RATIONAL TREATMENT OF PULMONARY TUBERCULOSIS, WITH REPORT OF CASES.

Pottenger (in American Medicine), insists on the value of pure, moderately dry, aseptic air, a maximum of sunshine, freedom from storms, a dry porous soil, a liberal diet with a maximum of nourishment, and a minimum expenditure of digestive energy. The use of hydrotherapy, especially the cold morning rub, is also advised with regulated exercise and a general regulation of the habits of life. He thinks serum therapy in this disease is of decided value and increases the patient's chances of cure at least 20 per cent. Direct medication of the air passages, while it can be considered curative, in many cases alleviates symptoms. He mentions intratracheal injections of menthol, olive oil, camphor and iodoform or izal from 1 to 10 per cent. in Price's redistilled glycerin. The pneumatic cabinet is also mentioned as a useful adjunct of treatment. Drugs are of secondary importance, but for the correction of symptoms cinnamic acid seems to him of some little benefit, though his experience is limited. Ichthyol apparently facilitates expectoration and aids digestion in some cases. Creosote and creosotal he only uses for intestinal putrefaction and he also employs creosotal in pneumonia. Aside from this, his drugs are mainly stomachics, intestinal antiseptics and general tonics where they are indicated. He gives his results in detail.

CURRAN POPE.

THE TREATMENT OF ARTERIOSCLEROSIS.

Frank B. Kirby, M. D., Philadelphia, Pa., makes this summary of the treatment of arteriosclerosis at the close of his paper in Therapeutic Medicine:

"Prophylaxis by diet, baths, rest and fresh air exercises; elimination by ar-

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senic iodide, veratrum viride, magnesium sulphate; stimulation by strychnine and nuclein. These are general rules and individual cases require thought and judgment both as to other drugs and dosage, but the basic principle is the same. If we handle these cases with care, no man should die as a result of arteriosclerosis before the alloted three score and ten; and we as a profession will have met one of the conditions and requirements of the times."

RYAN.

THE USE OF PILOCARPINE IN SYPHILIS.

The Medical Record gives a brief preliminary note in advance of a more detailed contribution upon this subject by William J. Robinson, M. D., New York, from which we make the following abstract: Dr. Robinson recommends the use of pilocarpine as an adjuvant to mercurials and iodides, but not in any sense as a substitute. If the patient seems saturated with those drugs and is not progressing satisfactorily, a few days' suspension of treatment by those agents, the interval being used for the administration of pilocarpine, will be attended by startling and pleasing results.

He very properly states that elimination is, for the most part, by the bowels and kidneys, the skin and glandular system, other than the kidneys, doing little or nothing in this way. He declares that stimulation of these organs is rapidly productive of results, and that this stimulation, by eliminating the excess of mercury imbedded in the glands, promptly relieves salivation and stomatitis. During the administration of pilocarpine other treatment should be discontinued, to be resumed after a brief interval.

He lays down for our guidance the following propositions:

1. Pilocarpine is a most remarkable glandular eliminant, and glandular elimination is one of the most important factors in the successful treatment of syphilis.

2. Pilocarpine is of value in all secondary manifestations of the disease.

3. There are many cases which become intolerant to the further use of mercury; the system seems supersaturated, and continuing the mercury in such cases means injuring the patient. Discontinue the mercury, giving pilocarpine in interval; this enables us to resume the former drug with excellent effect.

4. Pilocarpine should be prescribed alone. either in pills or solution, and should be given in doses of 2 to 8 milligrams (1-32 to 1-8 grain) two to three times a day.

RYAN.

ALCOHOL AND THE INFANT.

The New York Medical Record contains a report from Le Bulletin Medical which says that Raoul Brunon draws a painful picture of the increase of drunkenness in France since spirits have been substituted for the wines of the country as a common drink. It has become the custom to give brandy and spirits to infants at the breast to make them sleep, and to children at their meals. The nurse takes spirits to increase her milk, and the pregnant mother to help the development of her child. The workman drinks brandy three times daily. The infant is poisoned before birth, cursed with the paternal heredity, and made a toper in childhood. Many children suffer as a result from skin and intestinal diseases, and the number of deaths is appalling. Nervousness, insomnia, bad temper, and constant crying are the results in young children. Older ones are the victims of tuberculosis, epilepsy, and crime. Absinthe is the drink of the young man, and it is the cause of the majority of crimes among the young. The effect of this state of things is evident in the small number of children and the large increase in crime, as well as in the smallness of the race, evidenced by the necessity of reducing the required stature in the French army.

E.

PREVENTION OF VALVULAR HEART DISEASE.

The New York Medical Journal abstracted an article from the British Medical Journal which is as follows:

Caton holds that in cases of recent cardiac lesion, due to rheumatism and other causes, much may be done to promote

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recovery, providing the patient and doctor have patience and perseverance. In acute rheumatism and most of the pathological states in which valvulitis occurs, we can secure a large measure of rest and of the conditions favorable to heart repair, if we take sufficient trouble. Pain and fever are lessened by the use of adequate doses of some salicyl compound, if acute rheumatism be the cause, or if it be not, by other appropriate measures; the utmost quiet and rest, both of body and mind, is insisted on; a light diet is given; if there is not enough sleep, a gentle sedative. Full doses of sodium or potassium iodide are given, three or four times a day, with two objects: (1) To aid absorption; and (2) of much more importance—to lessen the volume of the blood and diminish blood pressure within the circulatory system, just as we give it in aneurysm. Secondly, there are certain nerve channels through which, in all probability, we can directly influence and stimulate the vasomotor nerves of the heart without exciting the muscle fibres—namely, the first four dorsal nerves in their distribution between the clavicle and the nipple. These nerves are closely associated with the heart, as shown by the phenomena of angina pectoris. Small disks of cantharides plaster, which blister almost painlessly in three or four hours, are applied here one by one. The effect of the first group of measures is to slow the heart and diminish its amount of work as far as it can be done. The organ is given the greatest amount of work that is practicable, and is offered the opportunity of self cure. The second measure stimulates the curative activity of the part, just as in a rheumatic joint a small blister removes with great rapidity both pain and inflammation. Of the two measures of treatment, the prolonged period of rest is by far the most important; without that, the other is of small avail. The rest must continue for six or eight weeks, or even longer. By degrees, the cardiac murmur lessens, becomes intermittent and at length vanishes. The patient rises from his bed without any murmur and with the immense blessing of a normal heart for the rest of his life.

N.

OPINIONS CONCERNING EPILEPSY.

What is hereafter said concerning epilepsy is in a condensed form and is a part of the report taken from the Medical Record of November 30, which published the proceedings of the National Association for the study of epilepsy and the care and treatment of epileptics.

Epilepsy; Its Definition and Treatment.—Dr. J. S. DeJarnette of Virginia, offered the following definition, formulated by Dr. Freed and himself; "Epilepsy is a chronic disease, characterized by sudden, occasional, recurring, and involuntary discharges, usually short in duration, from a diseased cerebral cortex; always with psychical disturbance, frequently with convulsions, excluding the disease paresis, meningitis, and short attacks of mania. The tendency is always towards dementia." He believed that heredity was much more important than generally considered because epilepsy was concealed or undetected in many cases. The writer emphasized the impulsiveness and irritability of the epileptic. Bromide of potassium was advocated most strongly. Colony treatment was recommended most highly because of the control which it was possible to have over the patient.

Alcohol as a Primary and Exciting Cause of Epilepsy.—Dr. Thomas C. Fitzsimmons, of Wilkes-Barre, Pa., said that alcohol was dangerous as a cause of epilepsy not only in the drinker himself, but in his posterity. Especial stress was laid upon the influence of alcohol upon conception. The product of conception when one parent, or both, was under the influence of alcohol at the time, was especially prone to the disease.

The Value of Elimination in the Treatment of Epilepsy.—Dr. J. Allison Hodges, of Richmond, believed that faulty chemical processes played an important and conspicuous role in the disease; that a hypertoxic condition with inadequate elimination was the underlying basis of the disease. "Clean out, clean up, and keep clean" expressed his idea of the treatment of epilepsy. He reported three cases, in all of which there was an undue proportion of indican and a deficient secretion of urea in the renal secretion. Small doses of strontium bromide were

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given and dechlorization was secured. General methods for stimulating elimination were employed. The seizures were notably decreased in each case and the general health was markedly improved. In one case there had been up to this time (one year) no return of the epileptic seizures. Their continued improvement for the lapse of a year argued well for the future.

Pulmonary Edema as a Complication of the Epileptic Seizure.—Dr. W. T. Shanahan, of Sonyea, N. Y., said that pulmonary edema was a frequent and serious complication of grand mal seizures and the status epilepticus. The cause was probably an enfeebled action of the heart. The treatment was the adoption of a posture to aid in draining the respiratory passages, dry cupping, and the use of atropine and strychnine hypodermically, with venesection in full-blooded patients.

Surgical Intervention in the Treatment of Epilepsy.—Dr. Stuart McGuire, of Richmond, discussed this subject. His conclusion was that the term "epilepsy" was at present too broad a one on which to base a definite line of intervention. The removal of the sources of peripheral irritation was advised as the first step in the surgical treatment of epilepsy. Direct interference with the brain should be avoided unless there are localizing symptoms.

Surgery as a Therapeutic Measure in the Cure of Epilepsy: A Plea for More Frequent Surgery.—Dr. Matthew Woods, of Philadelphia, presented a paper with this title. He pointed out the possibility that at times the mere incidents and concomitants of operative procedure, such as disturbance of vasomotor equilibrium, etc., might cause cure, rather than the removal of tumors, cicatrices, etc. While permanent recovery had occasionally followed the removal of abnormal tissues, nevertheless there seemed to be many recoveries when the operation resulted in the removal of either nothing or of such parts as were now believed to have no causative bearing on the disease.

The Heart's Action Preceding the Seizure.—Dr. Munson, of Sonyea, N. Y., discussed this point. In several cases of epilepsy he found the rate practically unchanged, usually slightly accelerated, before the onset of the convulsion.

The committee on the prize essay reported that no award would be made, but that honorable mention should be made of the essay of Dr. E. E. Southard, of the Department of Pathology of Harvard University.

It was the sense of the meeting that every effort should be used to bring about the public care of epileptics in States where no effort is being made at present, and that the facilities in States already having institutions should be greatly increased. This was necessary, not alone because the epileptic was dangerous to himself and to the public at large, but also because under proper regulation of life and habits his condition could be greatly improved. The lot of an epileptic outside of an institution was at best a hard one. He was an object of curiosity, of scorn, of pity. No one would employ him; there was no place for him. In the properly constructed institution he found a place in life where he could work to the best advantage and have all the social privileges he was capable of enjoying, together with the best medical care.

Officers.—The following officers were elected: President, Dr. H. M. Weeks, New Jersey State Village for Epileptics, Skillman, N. J.; Vice-Presidents, Drs. W. F. Drewry, Petersburg, Va., and Thomas C. Fitzsimmons, Wilkes-Barre, Pa.; Secretary and Treasurer, Dr. J. F. Munson, Sonyea, N. Y.

EARP.

COMPULSORY NOTIFICATION OF TUBERCULOSIS.

During the session of the International Congress on Tuberculosis at The Hague, 1906, a commission was appointed representative of all the countries in Europe to report on the question of the compulsory notification of tuberculosis. A report was made on this subject lately at the Congress in Vienna. The commission was unable to arrive at a unanimous conclusion. The representatives from England and France were opposed to compulsory notification as to all forms of the disease; the former on the ground

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that public and professional sentiment would not support it, while French physicians objected to it largely on the ground that the confidential relations between the physician and his patient would be severely strained.

The very existence of the Congress testifies to the fact that its one and only object is the prevention and treatment of tuberculosis. Without the support of public sentiment compulsory notification must prove a failure. If medical men are opposed to notifying their tuberculous patients to the health authorities as suffering from a dangerous and infectious disease, all doubtful cases, for example, where tubercle bacilli could not be demonstrated in the sputum, such cases would not be notified, and many dangerous cases would escape public attention, and the value of the step would be greatly depreciated. It is pointed out (The Lancet, Oct. 26, 1907, P. 1151) that tuberculosis must be considered in a class by itself and any regulations which are applicable to other infectious diseases can not be applied in the treatment and prevention of consumption. The disease must be attacked by totally different methods, involving not only the highly trained and scientific medical men, but also co-operation of all those interested in sanitary administration, and in addition the public, and especially those suffering from the disease themselves.

The measures recommended in the report are as follows: 1. Municipal dispensaries; notification of all "open" cases. 2. Health visitors. 3. Regulations against tuberculous persons handling food. 4. Inspection of milk and meat. 5. Improved dwellings; ventilation; air space; 6. Destruction of expectoration. 7. General sanitary measures. 8. Disinfection of houses after death. 9. Inspection of hotels and boarding houses. 10. Separation of children from consumptives with, if necessary, compulsory notification. 11. Isolation of advanced cases. 12. Hospitals for treatment. 13. Voluntary notification.

W. W. VINNEDGE.

DECREASE OF TUBERCULOSIS IN ENGLAND AND WALES.

According to reports just issued by Dr. J. F. W. Tatham on the vital statistics of England and Wales in respect to tuberculosis are of great interest. The first change is that the mortality from tuberculosis in all its forms has decreased to a very large extent, at all ages and in both sexes; in fact, the reduction has been fifty per cent in the last fifty years. This decline in the rate of mortality from pulmonary tuberculosis has affected both sexes, but has been more marked among females than among males, and the steadiness of the decline suggests that it is due in a great measure to the general sanitary improvement of the whole country. The statistics as to America are not sufficiently accurate to permit of definite conclusions, but in New York the disease is treated as being infectious in relation to the public, and compulsory notification has been established in fifty-three out of eighty-six cities with encouraging results.

W. W. VINNEDGE.

OPERATIVE TREATMENT OF CHRONIC CONSTIPATION.

This subject has been engaging the attention of the Pasteur Institute in Paris for some time and one of the bacteriologists of that institution, Dr. Michel Cohendy, is now in London investigating the bacterial flora of the intestinal canal in persons from whom the large bowel has been removed. Dr. Cohendy attended at Guy's hospital on November 4th, and saw Mr. W. Arbuthnot Lane perform a colectomy upon a patient suffering from chronic constipation of such an aggravated kind that life was a burden to her. The operator joined the lower end of the ileum by an end-to-end anastomosis with the upper end of the divided rectum at its junction with the sigmoid flexure. Dr. Cohendy made a close inspection of several patients who had been restored to health and work by the operation and about fifteen medical men from the continent and America kept these patients a long time examining and cross-examining them in regard to every detail. The Pasteur Institute has arranged with one pa-

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tient, who is a fair example of the good results of this operative procedure, to go to Paris and to remain under the supervision of Professor Metchnikoff, so that bacteriological investigations may be more conveniently and completely carried out. —The Lancet, Nov. 9, 1907, P. 1339.

W. W. VINNEDGE.

DIAGNOSIS OF KERATITIS.

In the secondary form:

1. There may be an obtainable history of specific infection in the ancestral tree.
2. The other stigmata of luetic involvment.
3. The typical ground-glass appearance of the cornea.
4. The sensitiveness to light.
5. Diminished sight.

In the primary form:

1. History of having had a foreign body in, or a traumatism to the cornea.
2. Profuse lachrymation and photophobia.
3. Pain very severe.
4. Hyperemia of the sclero-corneal blood vessels.
5. Break in corneal tissue.
6. Diminished vision.
7. The presence of an ulcer.

Complications and Sequelae.—In long-continued irritation of the corea we may have a hyperemia of the iris or even iritis with an irido-cyclitis. Perforation of the cornea with prolapse of the iris, with general infection of the eye, may result if the destructive process is not arrested. Every deep ulceration leaves an opacity, and this condition alone renders the eye more susceptible to future invasions, for it is a recognized fact that scar tissue in any part of the body has not the resistance that normal tissue has. If the opacity is central, blindness is the result.—Illinois Medical Bulletin.

KAHN.

PRESCRIPTION FOR INFLUENZA.

In a lengthy article on the treatment of influenza in a recent number of Merck's Archives, Swayze says that his favorite prescription for pains in the head and back, soreness of mucles, nerve tension and general discomfort is:

Rx. Acetanilid .. ..
Salicin .. ..
Salol .. ..
Sodium Salicylate..of each one scruple.
Sodium benzoate.....two scruples.
Make 24 capsules in dry form.
Dose, one capsule every hour for six doses; then every two hours until distress abates.

S.

TREATMENT OF HEMORRHOIDS BY INJECTION.

Whether or not the objections to this form of treatment are valid, it is true that some physicians have abandoned it, and yet the question arises, are thy justified in so doing? The Therapeutic Gazettle for November 15, 1907, says that the objections which have been raised to the injection of strong solutions of carbolic acid in hemorrhoids are answered by Vulliet (Revue Medicale de la Suisse Romande, No. 3), who claims that the method is without danger and that the objections apply only to other forms of vascular tumors, goitres, etc.

The method is only applicable to recent or inflamed growths, and not to old indurated, quiescent masses. If the anus is fully dilated and the mass of vessels brought out into plain view, it is easy to introduce the needle so that the point reaches any part desired. The needle is introduced into each nucleus successively, and one or two drops of 80 per cent carbolic acid slowly injected. The strong carbolic acid instantly coagulates the blood and tissues in the part, and thus prevents the absorption of the liquid, or its escape into the circulation. Any size mass may be treated, even those as large as an adult fist. The pain is slight.

E.

THERAPEUTIC USES OF SANTONIN.

Santonin has uses other than that of an anthelmintic to which attention was recently called by the Courier of Medicine:

It is a powerful nerve sedative and many restless children have been dosed with this drug on the assumption that worms may be present, and the conse-

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quent improvement in the nervous symptoms have been cited as indubitable proof that worms were really present, although none were discovered in the stools. Not long ago Dr. Frank Lydston suggested that santonin can be used as a substitute for the bromides in epilepsy.

Many children have recurrent intestinal indigestion and repeated doses of santonin seem to act as a powerful tonic to the digestive functions. It is for this reason that "worm candy" causes an improvement in some of these children. We have seen a child with repeated attacks of nervous frenzy improve very much after the administration of santonin.

Another use of santonin can be best given by reproducing an abstract (Amer. Jour. of Med. Sciences): Dr. J. Cheron proposes the use of santonin in the treatment of amenorrhea and dysmenorrhea (Revue de Therapeutique). He prefaces his observations on this therapeutic application of the remedy with an account of its physiological action.

Santonin is but slightly soluble in water, but dissolves in alcohol in the proportion of 1 to 40. It is a vascular medicament, and it acts on the organic muscular fibre in the same manner as ergot. It perverts vision, and the senses of taste and odor. Objects seen have a yellowish or violet color, and the urine, which is increased in amount, has a yellow tint when acid, red when alkaline.

Santonin acts as a tonic to the stomach, and increases the appetite and the power of digestion. As is well known, it is a vermifuge, and expels the ascarides lumbricoides with certainty.

Dr. Cheron has obtained excellent results from its use amenorrhea and dysmenorrhea, more especially in cases characterized by anemia, chlorosis, and general depression of the vital forces, about the period of puberty when the menstrual function is tardily and imperfectly established.

He advises the following:

Santonin 3ss. Make 40 pills by the aid of gum-tragaanth and glycerine. Two of these are to be taken before each meal. Also

Santonin .. ..4 grains.
Alcohol .. ..ʒss.
Gum julep .....ʒij.

A tablespoonful contains about one grain, and two may be taken before each meal.

The efficacy of this drug in amenorrhea and uterine colic has received additional endorsement. It probably has a wider range of usefulness.

EARP.

A MAN WITH A MARBLE HEART.

This was nearly true of a man who died at the Cincinnati hospital recently and was post-mortemed by Dr. Caspar Hegner, pathologist. The man's heart was reduced to one-half its natural size and was as hard as a block of granite. The right auricle was a solid plate two by five and one-half inches in size. The pressure of the stony mass had reduced the lung in size and had worn into the spinal column. Dr. Hegner considered the condition as due to general arterial sclerosis.

E. S. McKEE.

STERILITY IN THE MEDICAL PROFESSION.

The writer some years ago was preparing a paper on the above subject for a local society when three of his cases died and one relieved himself of the imputation. It was the intention to make the assertion that of the thousand doctors in Hamilton county not a half dozen had families of a half dozen children each. If they have, they have not yet been located. It is a notorious fact that educated parents are not producing many children. Of course there are notable exceptions to this, but they are few. A comparison between wives who were college graduates and wives who were working girls as to the number of children born will show twice as many to the latter. The stork, however much maligned, does sometimes visit the Cincinnati medical profession and indeed he has done so quite recently twice in one office. Dr. C. L. Bonifield's is a boy and Dr. John Miller's is a girl.

E. S. McKEE.

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HEALTH IN THE PHILIPPINES.

The Medical Record says: The Bureau of Health has issued a set of brief hygienic rules, which are particularly intended for new arrivals in the Philippines from temperate climates. Experience has demonstrated that the most serious diseases in the tropics are easily avoided if a few reasonable precautions are taken. The rules are as follows:

"It is easier to maintain good health in the tropics than in the United States, but in order to do so you should observe the following simple rules:

"1. Be vaccinated today. The Bureau of Health will do it free of charge.

"2. Never drink any water unless it has been either boiled or distilled, or eat any raw vegetables. If you observe this rule carefully you will probably never contract dysentery, typhoid fever, cholera, or any other disease that originates in the intestines. Disregard of this rule is responsible for the return to the United States of over 50 per cent of the invalids who leave these islands.

"3. Fruit is wholesome, and may generally be eaten raw with impunity, provided it is of a kind that grows upon trees, well above the ground.

"4. Avoid patent medicines. Do not put drugs of which you know nothing into bodies of which you may know less.

"5. Alcoholic stimulants are not necessary, the advice of 'old residents' to the contrary notwithstanding.

"6. Generally, disease-carrying mosquitos fly only at night; therefore, always sleep under a good mosquito net.

"7. Otherwise observe the same hygienic rules that are applicable to temperate climates, including physical exercise."

D. F. BERRY.

CARBOLIC ACID AND CAMPHOR IN TREATMENT OF INFECTED WOUNDS.

Chlumsky is enthusiastic over the fine results obtained in the treatment of infected wounds with a mixture of pure carbolic acid and camphor. The camphor seems to neutralize the caustic action of the carbolic acid so that the mixture feels like mere oil or chlorofrom when poured on the hand. His formula is: Carbolic acid 30 parts, camphor 60 parts, and alcohol to make 100. He has been using this mixture for six years in treatment of surgical infections, erysipelas, phlegmons, tuberculous fistulas, furuncles, etc. He evacutes the pus and pours the mixture into the cavity, as much as 30 to 50 gm. in a deep abscess, without any disagreeable by-effects. Infected wounds are rinsed with the mixture, and a tampon saturated with it is laid in the wound until suppuration is diminishing, when the mixture is poured in. In erysipelas the affected area and the surrounding skin are swabbed with the mixture from two to five times a day. Old patches are surrounded by a bank of cotton saturated with the mixture and covered with oiled silk or waxed paper. In recent cases the redness subsides and the trouble is aborted in a few hours. The mixture keeps perfectly if evaporation of the camphor is prevented.—Centralblatt fur Chirurgie.

D. F. BERRY.

MODERN METHODS IN THE MEDICAL TREATMENT OF GASTRIC DISEASES.

Dr. A. Rose in the New York Medical Journal for November 16, 1907, gives a short resume of the above subject:

A rational therapy in the treatment of affections of the stomach presupposes an exact diagnosis. In order to arrive at an exact diagnosis in gastric as well as other diseases it is necessary to take the general conditions into consideration, notably of the circulatory and respiratory apparatus and the nervous system. There is, of course, nothing new in this; what is new, however, is the fact that increased importance is being attached to the influence of the nervous system upon digestion, since Pawlow's experiments became known, and, furthermore, that certain mechanical changes, namely, atonia gastrica, form an important factor in the nosological secretions of the stomach.

The anamnesis is followed by the examination proper of the stomach, commencing with its inspection, which has been raised to a high degree of perfection

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by Knapp. After this follows palpation to establish sensitiveness to pain by pressure. The final act in palpation consists in finding out the presence and nature of splashing sounds and the importance they may bring to bear upon the case under examination. Percussion of the stomach serves to recognize its extension and the lower border of this organ. Finally, percussion may be followed by auscultation for the purpose of determining the noises discovered and described by Meltzer.

The physical examination is followed by chemical exploration of the gastric contents.

In the treatment of the affections of the digestive tract, diet, of course, plays the most important part. In the two affections of hyperchlorhydria and achylia gastrica dietetic measures form in most cases the exclusive treatment, as has been masterfully exemplified by Illoway for the former and by Einhorn for the latter disorder.

The fact that hyperchlorhydria depends on anomalous nervous conditions has been established by the experiments of Pawlow. The whole physiology of digestion is at present controlled by the results of these experiments. New is, also, the knowledge of the relation of mechanical conditions—relaxation of the abdominal muscles; atonia gastrica—to gastric secretion.

The relaxation of the abdominal muscles may be the cause of many nervous disorders which again produce gastric symptoms, among others anomalies of gastric secretion, and if we do not consider this mechanical cause of the gastric affections and remove this cause first of all, our purely medicamental treatment will be unscientific.

Atony and dilatation are identical, a relaxed muscle fibre being at the same time elongated. Modern therapy of the stomach is in a large measure unscientific, because the facts in reference to the relation of mechanical conditions, of atonia gastrica, to disturbances of gastric secretion, are set at naught.

Pawlow's experiments with dogs are very conclusive as to the "psychic gastric juice" or "appetite juice." Modern gastro therapy is to be based as far as anomalies of gastric secretions are concerned, on the consideration of nervous and mechanical conditions and these represent the characteristic points of the progress made during this century.

CHAPMAN.

ARE THE INTESTINES ABLE TO PROPEL THEIR CONTENTS IN AN ANTI-PERISTALTIC DIRECTION?

Edwin Beer and Carl Rogers in the Annals of Surgery for October, 1907, answer this question from the deductions of an interesting series of experiments of their own and the work of other experimenters. Wilms in his recent publication of Ileus states "An antiperistalsis, that is, an evident upward peristalsis driving the contents of the bowel toward the pylorus and not towards the anus, does not occur." W. J. Mayo—American Journal of Medical Sciences, January, 1907—states "The normal action of the upper colon is anti-peristaltic except during defecation"—also "Murphy has shown that salines introduced very slowly into the rectum will be absorbed with great rapidity, largely by reserve peristalsis to the cecum.

There are two experimental methods of approaching the problem, the direct observation of the unoperated bowel, with or without the use of the X-rays and the operative or functional method of testing the capacity of the intestine for working in the reversed direction, by resecting segments in the small and large bowel, turning them around and sewing them in place in reserve position. This is the method they have used upon dogs and cats.

Their observations of the behavior of the reversed loops leaves no doubt that the small and large bowels are capable of propelling food in an anti-peristaltic direction. There is some question as to the reason of the spindle-shaped dilatation at the upper anastomosis. One explanation offered, that there is an obstruction due to opposed peristaltic waves and that leads to dilatation and hypertrophy at this point.

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Further evidence as to the truth of their conclusions, are shown by the excellent observations of Cannon and Murphy, who observed anti-peristalsis in the duodenum. In a reversal experiment, where the jejunum was reversed close to the duodenum, they repeatedly saw six days after operation, with the X-ray, that food left the pylorus and descended to the upper anastomosis and then was in part rapidly moved back again towards the pylorus. This makes it equally clear that there is a more or less marked obstruction at the upper anastomosis.

Then the well-known experiments of Nothnagel, in which he produced anti-peristalsis in the bowel by abnormal stimuli, such as injections of concentrated salt solution.

Additional to the experimental evidence is the clinical, fecal vomiting in intestinal obstruction and the vomiting of fecal masses and enemata in so-called hysterical patients. In the vomiting of the former, the fluid contents may be squeezed out of the bowel into the stomach, thence to the outer world by the pressure exerted by the forceful contraction of the abdominal muscles. Cannon and Murphy's observation makes it possible that anti-peristalsis is an important factor in this process, the more so as all the bowel above an obstruction is not regularly well filled at autopsy of ileus cases.

The vomiting of formed feces and the vomiting of enemata a few minutes after introduction into a normal alimentary tract, as reported by Treves, Langmann and others, cannot be explained by anything short of a most active anti-peristalsis,

Then Nothnagel's verdict is final, who in hysterical ileus cases states "that in no other way can this vomiting be affected than by well marked, in part even very active anti-peristalsis of the intestines."

A mother was giving her little girl a bath, when she said, "I wonder where this dust on the water came from?"

Small Girl: Perhaps I leak somewhere, mama. You know, I'm made of dust.—The Circle.

CULLINGS FROM A STUDENT'S NOTE BOOK.

By O. T. Scamahorn, Indianapolis, Indiana University School of Medicine.

In the treatment of scobies, Dr. Lindenmuth recommends, first the liberal use of soap and water and a change of underclothing. He also uses an ointment composed of either balsam Peru, 1 or 2 grs., beta naphthol, grs. 10 to 30, or sulphur precip., 1 or 2 grs. to the oz. of petrolatum.

This ointment is to be applied once a day for three days, then the patient must take a bath and put on clean clothing. For three more days the ointment is applied, and again the bath and a change of clothing; a third time this is repeated and if necessary a fourth time. The clothing should be thoroughly disinfected before it is again used.

For the insomnia of pregnancy, Dr. Woodbury recommends either 5 to 10 grs. of sulphonal given at 8 and 10 o'clock, P. M., or a rectal enema which contains from 15 to 30 grs. of sodium bromide.

This prescription is recommended by Dr. Earp for the falling of the hair after typhoid fever:

Sulphur precip.....drachm	1
Oil of verbena.....gtt.	5
Oil of ergot.....oz.	3

M. Sig: Apply locally.

According to Dr. Allen, anterior metatarsalgia is caused by one metatarsal bone being overridden by the others. He says that walking over uneven ground is very painful and recommends putting a pad in the shoe under the overridden bone.

These points are recommended by Dr. Maxwell in the treatment of catarrhal pneumonia:

A sunlight, airy room, protection from draughts when perspiring freely, liquid diet; Fothergill poultice around both lungs; bathing for the temperature, 1-12 gr. heroin or ¼ gr. morphia for the cough; strychnia or digitalis if heart shows signs of failing.

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Dr. Sexton says that the liver is the five-spot of human anatomy, because it has five lobes, five fissures, five vessels, five ligaments, five diseases which enlarge it, one-fifth of body weight at birth, five times as large as any other gland except the pancreas, normal dullness is at fifth interspace, weighs almost five pounds, secretes one-half of five pounds of bile and is subject to five surgical diseases.

Two or three ounces of albolene are given in amebic dysentery by Dr. Sowder so that feces will pass easily.

1 gr. of acetezone is given every 3 hours for intestinal antisepsis.

Injections of 1 or 2 quarts of 1 to 500 quinine bi-sulphate solution.

Light, easily assimilated diet free from cellulose, if possible. Disinfection of stools.

He also says that bismuth is contra-indicated because it coats over the ulcers.

For chronic gastritis Dr. Scherer gave this as a sample of a diet list:

Breakfast—White of two eggs stirred in a cup of warm water, one cup of cold milk, one dish of oatmeal gruel with two ounces of cream and one tablespoonful of sugar, one glass of water.

Dinner—Six ounces of peas or potatoes cooked well and passed through a colander, two reception wafers and one cup of meat broth, soft pulp of one baked apple, one cup of cold water.

Supper—One cup of barley broth (which had been cooked with meat), four reception wafers, one dish of corn stewed with milk. Strain corn out. Gelatin custard with whites of two eggs stirred in one-half cup of juice from canned fruit.

Dr. Barnhill says there are three points of tenderness by which the average practitioner is able to diagnose mastoiditis: First and uppermost over the site of the mastoid antrum; the lower one is over the mastoid tip and the posterior one is over the exit of the mastoid vein.

CIRCUMCISION AND ITS VALUE.

An excerpt taken from an article by Baker in the American Journal of Derm. for November, is as follows:

There are two chief reasons for performing circumcision, where it is indicated; one is for the prevention of organic changes in the bladder and kidneys from mechanical obstruction and backward pressure of the urine, the result of which may be the same as where the same condition is caused by urethral stricture. The other, the prevention or relief of reflex nervous manifestations, among which may be mentioned infantile and adolescent masturbation, convulsions, which by long continuance, assume the character of epilepsy, and are then incurable; chorea, bed-wetting, etc.

From the same journal we have clipped the following maxims:

It must not be supposed that all tertiary syphilitic troubles can be cured by iodide of potassium. There are some which none of the iodides will even relieve. It will also be found in such cases that the desired results will be brought about by an exhibition of mercury in some form.

Pain in the heels, upon walking or standing, is a symptom which should awaken suspicions of a former syphilis. A careful examination will soon confirm this if it be a fact, and treatment ad hoc will be successful in procuring relief of a permanent nature.

Look for syphilis in every case of paralysis, whether it be hemiplegia or paraplegia. It is always safe to adopt this plan and, in the majority of cases, it is profitable as well, for both the physician and the patient.

EARP.

THE HOLY FLY.

Helen was watching some flies on the window-pane, when she called to her mother: "Mama, come and see if this is the bosom fly!"

"The bosom fly, child! What kind of a fly is that?"

"Oh, the one they sang about in church last Sunday—'Let me to thy bosom fly." —The Circle.

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MEDICAL MISCELLANY.

DR. J. R. HUME, OF MILROY, WEDS.

There was a pretty wedding at Woodruff Place, Indianapolis, December 5. The bride was Miss Virginia Robinson and the bridegroom was Dr. John R. Hume, of Milroy, Ind. Dr. Hume graduated from the Indiana University School of Medicine, May, 1907. We threw neither rice nor old shoes, but sent our best wishes via the wireless telegraph.

DISTRICT MEDICAL SOCIETY AT LEBANON.

The annual meeting of the Ninth Councillor District Medical Society was held November 22, at Lebanon, Ind. The district embraces the counties of Boone, Clinton, Montgomery, Tipton, Tippecanoe, Howard, Fountain and Warren. Dr. W. H. Schultz welcomed the delegates, with response by Dr. Charles Chittick, of Frankfort. A banquet was served in the evening at the Centenary M. E. church, with Dr. Paul J. Barcus, of Crawfordsville, toastmaster. District officers were elected: Councillor, Dr. George Rowland, Covington; president, Dr. Charles Chittick, Frankfort; vice-presidents, Dr. W. H. Schultz, Lebanon, and Dr. H. H. Thompson, Noblesville; secretary, Dr. George F. Keiper, Lafayette; treasurer, Dr. Edgar Cox, Kokomo.

THE JOSEPH PRICE BANQUET.

The November issue of the Monitor gave an account of the visit of Dr. Joseph Price to Indianapolis. We could not give details on account of the date of the Monitor's issue.

During the day that Dr. Price was the guest of the faculty of the Indiana University School of Medicine the afternoon was taken up at the State College Hospital in clinical work by Dr. Price, in the presence of two hundred persons, consisting of guests, faculty and students. In the evening there was a banquet at the University Club. The toastmaster was Dr. J. H. Ford. Responses to toasts were made by Dr. J. C. Sexton, "Our Guest;" Dr. Joseph Price, "Evolution of Abdominal Surgery;" Dr. T. B. Eastman, "Abdominal Surgery in the Middle West," and Dr. W. L. Bryan, president of Indiana University, "Our Opportunity."

MODERN OTOLOGY.

Drs. J. F. Barnhill and E. de Wolf Wales, who are members of the faculty of the Indiana University School of Medicine, are the authors of a new work on modern otology. It is neat, handsome and full of medical lore.

It reflects much credit upon its authors. An extended review appears in the review column of this issue.

LAST YEAR'S GRADUATES OF THE INDIANA UNIVERSITY SCHOOL OF MEDICINE.

Very frequently we have received inquiries in reference to the address of some member of the class who graduated from the Indiana University School of Medicine.

At our request Dr. E. O. Little, president of the Alumni Association, has kindly furnished us the following list:

Paul Eugene Bowers, Indianapolis; Augustus J. Blickenstaff, Flora, Ind.; Lunsford Eliga Cox, Greenwood, Ind.; Roy Ben Crabill, New Lisbon, Ind.; Miles F. Daubenhyer, Butlerville, Ind.; Roy Egbert, Indianapolis; Arthur Clayton Endicott, Mechanicsburg, Ind.; Hanson Smiley Gifford, Sharpsville, Ind.; Volney Nevin Fackler, Lewisville, Ind.; J. Raymond Hume, Milroy, Ind.; Albert A. Kramer, Butler, Ind.; Edward Orton Little, Indianapolis; Walter D. Martin, Bloomington, Ind.; Willam Elijah Mendenhall, Indianapolis; Morton Myers, Muncie, Ind.; Roscoe Addison Mitchell, Marshall, Ill.; Joseph Ellsworth Moser, Bloomfield, Ind.; Edward A. Pape, Indianapolis; Walter Payne, Prairie Creek, Ind.; James Harvey Smiley, Indianapolis; Augustin Carleton Ullery, West Milton, O.; Earnest Paul Wheeler, Indianapolis; Claude Crossland Wood, Indianapolis; Homer Woolery,

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Bloomington, Ind.; Dr. Lawrence H. Shaw, a member of the class, located at Irvington and died September 16, of typhoid fever.

DOCTORS RECEIVE COUNTY APPOINTMENTS.

Secretary of County Board of Health, Dr. J. W. Sluss; Physician County Jail, Dr. J. S. Hollingsworth; Physician at Workhouse, Dr. C. E. Day; Physician at Poor Asylum, Dr. Geo. H. Pendleton; Physician at Women's Prison, Dr. Marie Haslep.

DEATH OF CONRAD LOHRMANN.

Conrad Lohrmann, father of Dr. Henry Lohrmann, died in Indianapolis at the age of 82. Mr. Lohrmann, in the early "forties," lived in a cottage on the corner of Kentucky avenue and Illinois street. Mr. Lohrmann was a German by birth and has always been actively interested in the welfare of Indianapolis. He was a well-respected citizen.

BIRTH REPORTS—AN ADVERSE OPINION.

Every Indianapolis health board has had difficulty in enforcing the rule concerning birth statistics. It is an important matter and the neglect shows carelessness on the part of physicians. It is unnecessary to argue why this is so; every intelligent man is conversant with the facts and if not, it is evidence that he has not read the daily papers. However, this should not be necessary since it is a part of his education as a doctor. So we must ascribe the failure to furnish such reports as mere carelessness. In this and all others the board should have the support of the members of the medical profession. The present rule is considered somewhat stringent by some doctors from the fact that it is necessary to call several times without compensation to obtain the name of the child, otherwise the report is not complete. While we believe that all returns should be made correctly and promptly yet it seems, if a doctor's report contained but one omission, the name of the child, it would be, by far, better than no report at all, and yet if it is a good law it should be obeyed until such a time it becomes so obnoxious that a repeal is forthcoming.

A Pennsylvania judge considered one clause of the law in that state inoperative. The Medical Record of November 23, 1907, contains an item which shows that the failure to register a birth is not a punitive offense.

Under instructions from the presiding judge, a jury in the city of Wilkes-Barre, Pa., returned a verdict of not guilty in the case of a physician charged with failure to report births under his observation. The defense contended that a busy doctor could not give his time to red tape observances, such as reporting the time of birth, the ancestry of a child, and its name. It was contended that several visits might be required to learn the name of the child, as this is sometimes not decided upon for some time after birth. Besides the act of Assembly provided for no compensation for the registration.

LETTER FROM THE TROPICS CONCERNING AMEBIC AND NONAMEBIC DYSENTERY, TYPHOID FEVER, RHEUMATISM AND MALARIAL FEVER.

Isthmian Canal Commission, Canal Zone, Ancon Hospital, Nov. 9, 1907.

Editor Central States, Medical Monitor:

My Dear Doctor Earp—I recently noticed in an article "Current Cullings from a Student's Note Book," which appeared in the Monitor, a few therapeutic suggestions concerning the treatment of dysentery in the tropics. One of these suggestions related to the use of ipecac as a cure for tropical dysentery and I thought it might be of interest to you to know that it is never prescribed in any of the canal hospitals for that disorder.

We recognize in our work here in the hospitals practically only two kinds of dysentery, namely, amebic and nonamebic. Dysentery of amebic origin occurs in at least 30% of our cases and is much more rebellious and difficult to treat. Abscess of the liver follows in but a rare proportion of these if properly treated. Despite the large number of cases of amebiosis on the isthmus it affords but few operations.

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This probably results from the fact that all cases of dysentery reported in the workers on the Canal Zone are required to seek the hospital and early hospitalization of these cases gives flattering results in the way of treatment.

Briefly stated the care of all dysenterics may be outlined as follows:

1. Absolute rest in bed.
2. Milk diet.
3. Irrigation of the large bowel twice daily with warm saline solutions.
4. Opium exhibited only for the relief of pain, practically never as an intestinal astringent.
5. After eight or ten days the use in occasional cases of bismuth, grs. xxx tid.
6. Moderation in diet in the convalescent stage with the exclusion of meats.

From this it may seem that but little medicine is used. Quinine irrigations are rarely resorted to, as they are too painful. In addition they are absolutely non-curative, dysentery being to a certain extent a self-limited affliction or disease.

Irrigations with thymol have also been experimented with and also abandoned. Ipecac seems here at Ancon to be a forgotten drug.

Most of the cases of dysentery leave the hospital in about 15 to 20 days or less. It is more prevalent at the close of the dry season and runs a close race with typhoid in the number of cases.

By the way, a word about typhoid in the tropics. It is a mild disease here. On account of the unsanitary habits of the negroes in drinking water from the springs or river it is a quite common affection. The death rate is low, the disease itself is of a mild grade but over 70% of cases relapse. I recently put a colored man through with two typical relapses who was in the hospital all told over four months with the disease.

Widal reactions are uncertain; they are positive in only about 50% of cases though hospital requirements are that they be repeated every other day.

Rheumatism, on account of our moist climate, is an almost unheard of affliction on the isthmus. In fact the isthmus is a paradise for rheumatics and I have only seen two cases on the Zone.

Malaria and Manana (the dulce for niente of New Orleans) are our two great diseases here. The one kills us physically; the other morally. But what can you expect of a land when the thermometer never goes below 75° nor above 95°. I have often seen the time when I would have given a dollar a minute for some of Indiana's rare October air. Believe me, with sincerest regards,

Your friend,
NELSON D. BRAYTON.

NEWS ITEMS.

Dr. I. A. Detchon, of Crawfordsville, was a visitor in Indianapolis, Nov. 29.

Drs. J. H. Lanam and Roscoe Payne, of Franklin, were among the Shriners in Indianapolis the latter part of November.

Dr. A. P. Fitch, of Lebanon, visited Indianapolis in November.

Dr. C. A. Carter has been appointed a member of the Committee on Vital Statistics by the American Public Health Association.

Dr. W. H. Ross, of Veedersburg, left Dec. 5 for San Diego, Cal., and after a short stay there will go to Washington and Oregon.

Drs. F. D. Norton, Columbus, R. G. Hendricks, Rosston, Grant Newcomer, Elwood, and Redman, Elizabethtown, visited Indianapolis early in December.

Dr. Homer Woolery, of Bloomington, attended the wedding of Dr. J. R. Hume at Woodruff Place, Indianapolis, Dec. 5.

In a letter received from Dr. Joseph Price, who operated on several cases at the State College Hospital, Nov. 14, the Doctor expressed great pleasure at the number and excellent variety of clinical cases the hospital was able to furnish. One feature of the Indiana University School of Medicine, of which it is justly proud, is that through this hospital it has been able to provide an abundance of clinical material of every kind to its senior and junior students.

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Dr. Joseph Rilus Eastman has returned from a one year's sojourn in Europe.

Dr. Allison Maxwell, Dean of the Indiana University School of Medicine, sailed the middle of November on the Oceanic for a two months' sojourn in Europe. Dr. Maxwell will visit his daughter Ruth who is at Grenoble taking a course in French language and literature.

The following Indiana physicians took the Mystic Shrine at Indianapolis, November 29: Drs. Bucklin, Winter, Kolmer, Miller, Barnhill, Bulson and Root.

Dr. John F. Barnhill attended the meeting of the Council of the American Laryngological, Rhinological and Otological Society held in New York, December 14.

Profs. Pohlman and Moenkhaus, of the Indiana University School of Medicine, read papers before the Indiana Academy of Science recently.

Dr. Geo. H. Simmons, editor of the A. M. A., attended the November meeting of the 10th Indiana District Medical Society at Lebanon.

Dr. L. C. Cline, of Indianapolis, recently started on a pleasure trip around the world.

Dr. W. S. Campbell, formerly of Lafayette, Ind., is spending the winter hunting and fishing about Macdoel, Siskiyon county, California.

Dr. N. E. Aronstam, one of the collaborators of the Monitor, who has recently returned from Berlin, will hereafter limit his practice to cutaneous medicine and genito-urinary diseases. His office is rooms 72 and 73 Shurley Building, 32 Adams avenue, west, Detroit.

Dr. H. H. Wheeler was called to Huntingburg, Dec. 5, on account of an injury received by his sister.

Dr. Charles Ragan was recently appointed health officer at Clinton, Ind.

MEETING OF EYE, EAR, NOSE AND THROAT SOCIETY.

The second regular meeting of the Indianapolis Eye, Ear, Nose, and Throat Society was held at the home of Dr. John F. Barnhill, Monday evening, Nov. 25, 1907. The program of the evening consisted of a paper entitled "Report of a case in which Deficient Cerebration was a Prominent Symptom in Otitis Media Purulenta Chronica, Cured by Radical Mastoid Operation," by Dr. Daniel W. Layman, and a paper on "The Relation of the Eye and the Nose," by Dr. H. C. Parker.

Dr. Layman's paper was discussed by Dr. Wales, Dr. Clevenger, Dr. Keiper, Dr. Kyle, Dr. Barnhill and others, and many interesting points were brought out.

Dr. Parker's paper was discussed by Dr. Page, Dr. Newcomb, Dr. Sharp, Dr. Hood, Dr. Wales, and others. The transactions of this meeting will be published later.

After the formal program a delicious luncheon was served and all present voted the Society a success from both the scientific and social standpoints.

The following were admitted as members of the Society; Dr. S. A. Johnston, Indianpolis; Dr. George F. Keiper, Lafayette; Dr. James W. Hadley, Frankfort; Dr. Sam C. Morris, Anderson; Dr. H. B. Hill, Logansport; and Dr. Ed. W. Chittenden, Anderson.

The following members were present: Drs. Wales, Page, Barnhill, Clevenger, Hood, Kyle, H. Woolen, Newcomb, Layman, Johnston, Parker, Sharp, Willis, Keiper, Norris, Hadley, Chittenden, and Hill.

The next meeting will be held at the office of Dr. Wm. F. Clevenger, 316 N. Meridian, Monday evening, January 27, 1908, at 8:00 o'clock. Dr. Clevenger will be chairman for that evening.

The program will consist of a paper by Dr. Walter Sharp on "Gonorrheal Ophthalmia," and a demonstration of cases by Dr. S. A. Johnston and Dr. John J. Kyle.

H. C. PARKER, Sec'y.

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DISEASE AND DEATH IN INDIANA IN OCTOBER.

The Monthly Reports to the State Board of Health, just tabulated and analyzed, and printed in the Monthly Bulletin, show a better condition for October, 1907, than existed in October, 1906. The deaths were fewer and sickness less. The most prevalent malady was typhoid fever. It was reported as existing in every county in the state. The typhoid deaths numbered 140 against 150 in the corresponding month last year. Total deaths, 2,701, rate 11.8. In October last year 2,847 deaths, rate 12.6.

The order of prevalence of the various diseases was as follows: Typhoid fever, bronchitis, tonsillitis, rheumatism, diphtheria and croup, pneumonia, influenza, diarrhea; intermittent fever, influenfever, pleuritis, inflammation of bowels, measles, dysentery, erysipelas, cholera infantum, typho-malaria fever, whooping cough, chickenpox, cholera morbus, smallpox, puerperal fever, cerebro-spinal meningitis.

Consumption caused 304 deaths against 323 in the preceding October. There were 34 diphtheria deaths and the disease was reported in 84 of the 92 counties. Doubtless, it existed in mild if not in severe form in every county. Not a little of what is diagnosed tonsillitis, has proven to be diphtheria. Epidemics have prevailed in various localities, but at this writing accurate accounts cannot be given. At Plainfield, Hendricks County, the cases have numbered over 20 and at this time, the disease seems to be spreading into the country. The efforts to arouse the interest of parents, in the work of prevention, have not been satisfactorily successful. The average parent waits until the child is attacked before becoming interested sufficiently to make a fight.

Pneumonia caused 160 deaths, the death rate for the cities being 84.9 per 100,000, and for the country 60.9. Influenza was not very prevalent, only 3 deaths being caused by it during the month. Cancer reaped its usual harvest, 113 deaths being credited to this cause; in the corresponding month last year 114. There were 219 deaths by violence.

INDIANAPOLIS MEDICAL SOCIETY.

Meeting of October 29th, 1907.

The Society was called to order by the President, Dr. Pfaff. The minutes of the last meeting were read and approved. It was announced that Dr. J. S. Whitson had removed to Muncie and had requested the transfer of his membership. An invitation was received from the Commercial Club to attend an address given by Dr. William Porter, of St. Louis, on the prevention and relief of tuberculosis.

Dr. W. D. Hoskins presented a paper entitled, "Etiology of Rheumatism and Chorea."

Acute articular rheumatism and the acute chorea of childhood are two striking diseases, long recognized and studied by the profession, but until recently little definite was known as to their etiology.

For a number of years a few men have expressed definite convictions as to their cause and relation, but these theories have been regarded as purely speculative, certainly not proven.

Among the various organisms described as present in rheumatism a small diplococcus appeared most constantly. It could be grown in pure culture. Animal experiments were made and the organism produced multiple arthritis heart lesions and muscular twitchings, and was recovered from the blood, the tissue about the joints, the diseased mitral valves and the brain and meninges.

In patients ill with rheumatism the same organism and lesions have been found equally widely distributed.

The organism has definite characteristics as to form, size and cultural growth. The lesions found in chorea are quite uniform and constant and consist of minute hemorrhages, thrombosis, serous exudations, small celled infiltration into the tissues and peri-vascular spaces of the brain and meninges.

The brain cells over the cortical area are found swollen, distended, degenerated, their nuclei shrunken and deformed.

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Some of the cases were ordinary chorea accompanied with rheumatism. One was a case of chorea of pregnancy.

The likeness of acute articular rheumatism and acute chorea to a specific infection is well known. Clinical analogies, such as a frequency of cardiac complications and tendency to relapses and chronicity, have long been recognized.

It seems probable that both diseases are but different manifestations of the same specific organism—the diplococcus rheumaticus.

Discussion: Dr. Wynn said that scientific investigation is just now proving what clinicians have maintained for many years. Whittaker always spoke of rheumatism as an acute infectious disease. Dr. Wynn is firmly convinced of this. The older chemical theories of the causation of this illness are obviously inadequate. It is interesting to note that the diplococcus, which has been found so frequently in cases of rheumatism, is an active acid producer. This organism grows most readily in blood serum agar. It is extremely tenacious of life. It is found most frequently on the valve leaflets but in many cases it cannot be demonstrated at any point. The explanation is probably the same as in the case of the failure to find the tubercle bacillus in exudates. They hide away under the surface and are not thrown out in the exudate, and only appear in the exudate and on the surface in exceptional instances, especially when the surface tissue is destroyed. He believes the findings of Poynton and Payne to be conclusive and abundantly verified. It is not difficult to reconcile this newer theory with the older beliefs as to predisposing causes. Heredity inflicts a low resistive power on the individual. Other conditions heretofore recognized as predisposing causes act in the same way by lowering the resistive power or immunity of persons who are the victims of the disease.

Dr. J. H. Taylor. The clinical and therapeutic features of chorea and rheumatism are very closely allied. Chorea shows a decided tendency to recur and recur at definite seasons of the year. These seasons are the early spring and the late fall, the very seasons in which we find rheumatism most abundant. He believes that he has been able to shorten the course of several cases of chorea by the use of salicylic acid.

Dr. Dodds stated that the micro-organisms found in occasional cases of rheumatism and chorea have not yet established their position in bacteriology. If the condition is a pure toxemia it should be possible to produce an antibody in inoculated animals. It is to be hoped that the specificity of the organism can be proven since then we have more hope of successful treatment.

Dr. A. S. Jaeger can hardly agree that the inability to produce an antibody is an argument against the specific nature of the diplococcus described. He can see no excuse at the present time for refusing to accept rheumatism as an infectious disease. Following this theory one of the English surgeons has opened rheumatic joints and irrigated them with good results.

Dr. C. F. Neu called attention to the fact that some cases of chorea showed absolutely no evidence of rheumatism, and he does not believe that the close relationship commonly ascribed to them at the present has been fully established. If we accept the relationship as proven it is hard to explain the cases occuring after a severe fright, from imitation and those manifesting symptoms during pregnancy, subsiding after delivery and recurring during a later pregnancy. The bacteriology of chorea and rheumatism has not yet been completely cleared up.

Dr. A. C. Kimberlin said that there is a lack of harmony between the theory of the infectious nature of rheumatism and the treatment of the disease as laid down in the later text-books. Drug therapy with the possible exception of the salicylic acid, is given a minor position, and rest, quiet, change of surroundings, etc., are given the prominence. On the other hand the frequency of heart lesion in chorea points strongly to an infectious process. Again the great variation in the types and the degree of the lesions

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points rather to several than to one organism.

Dr. J. J. Kyle. Since the tonsil is recognized as the great portal of entrance of many infections, and its close relationship to rheumatism is so frequently seen, why not pay more attention to this structure and at an earlier period in the life of the child. It has been claimed that every tonsil that is visible to the unaided eye is a pathological structure and if such is the case it should be removed. If at all enlarged, the actual size is of very little value, since one crypt may be enough to admit the infectious organism.

Dr. S. E. Earp. Many cases of chorea if inquired into very carefully will show an antecedent history of "growing pains" and various aches and pains that can be interpreted as unrecognized mild rheumatism. If greater care were taken in the early recognition and treatment of these conditions there would be fewer heart lesions. Arsenic still stands as the one most helpful drug. Nearly all the cases are anemic. He has used the salicylate of iron in the anemic cases with good results.

Dr. E. C. Thomas has had the best results in the treatment of chorea by the use of the faradic current. The galvanic does no good.

Dr. E. A. Willis mentioned the fact that true cases of chorea, some of them very intractable, had been cured by the correction of errors of refraction.

Dr. J. H. Payne can neither deny or affirm the bacteriologic findings in chorea and rheumatism. In his own experience he has found comparatively few heart lesions in his cases of rheumatism but has found these lesions in a majority of his cases of chorea. He can not demonstrate satisfactorily to himself any real relation between rheumatism and chorea. He does not believe that the so-called growing pains and other aches of childhood should be considered rheumatic.

R. H. RITTER, Secretary.

MEETING OF NOVEMBER 5, 1907.

The Society was called to order by the President, Dr. Pfaff. The application for membership of Alfred Henry was read the first time and ordered posted. The applications of William C. Buntin, Frank M. Fitch and Paul B. Coble having been posted thirty days were read the second time and referred to the Council. The Council reported favorably on the applications of Earl Miller, Robert Fischer, Ernest de Wolfe Wales, George A. Coble, Herman A. Helming.

Dr. H. O. Pantzer was prevented from attending the meeting and reporting his case by an urgent case. Dr. J. W. Sluss reported further on the case of a malignant growth of the upper jaw that he had presented at a previous meeting of the Society at the City Hospital. At that time there was some question as to the exact nature of the neoplasm. Dr. Sluss exhibited several sections of the growth which had been declared an alveolar sarcoma. He detailed the points which had lead him to diagnose the nature of the growth and decide upon the operation he had performed. At the request of Dr. Sluss, Dr. R. H. Ritter described the structure of the tumor and gave his reasons for calling the tumor an alveolar sarcoma. There is still room for argument over the exact nature of the mass.

Dr. Goethe Link presented a uterine fibro-myoma, weighing on removal 10 pounds. The tumor of which the patient had been conscious for four years reached as high as the diaphragm and apparently filled the whole pelvis obliterating all the peritoneal folds of the pelvis. Recovery was uneventful.

Dr. T. B. Eastman reported having been called to see a patient with an enormous tumor reaching to the knees when the patient was sitting. The girl was 8 feet and four inches. Immediate removal being out of the question, the sac was tapped and 170 pounds of fluid withdrawn. There was great oedema of the legs and lumbar region. He also reported having removed a tumor the size of an orange from the fundus of the bladder and intimately connected with the muscular coat thereof. It was first thought to be a fibroid of the uterus but

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operation revealed its true position. While the pathology of the mass had not yet been determined it was thought to be a sarcoma.

Dr. T. B. Noble reported first a case of ectopic pregnancy operated at four weeks. Second, large tubo-ovarian abscess on left side, right hydrosalpinx and cystic ovary. Supravaginal panhysterectomy. Third, tubercular salpingitis in a multipara, aged 24. Some tubercles over the intestinal coils. The process was apparently of recent origin.

Dr. S. E. Earp after referring to the discussion as to whether pneumonia can be caused by injury cited the following case. Woman aged 40. For ten years she had had glandular tuberculosis requiring several evacuations of pus from the cervical glands. In the past three years she had had two attacks of pneumonia with a good recovery each time but for the past two years she had had good health. On May 19, 1907, she was struck in the left mammary region. There was slight extravasation of blood under the skin in this region. On the following day pain, cough and fever were present and soon followed by the physical of lobar pneumonia. Patient recovered and dismissed on May 26. This subject was reviewed by Litten in the Deutche Medinishe Wochenschrift for March, 1907. He reports a number of cases. The chief points made are sudden onset, short course and high death rate.

Dr. Clarke reported two cases of gunshot wounds of the abdomen. Both the cases were operated with uneventful recovery in one case and death in the other. In the first case the patient was almost pulseless and suffering from great shock when first seen. Operation was decided upon and the abdomen opened. The abdominal cavity was filled with blood and there was a large rent in the pyloric end of the stomach which was closed with double layer of Lembert sutures. The condition was so serious that the incision in the abdominal wall was rapidly closed and the patient given intravenously one quart of normal salt solution. Death occurred 48 hours later. At the autopsy it was found that the capsule of the liver was ruptured. Complete union had occured at the point of closure of the wound in the stomach and the wall at that place was apparently as strong as any place else. The practical conclusion drawn was that possibly too much stress has been laid on the time it takes to secure union and we may allow feeding some days sooner than is customary. The stomach has been submitted to a pathologist and a more detailed report will be made later.

Dr. T. Victor Keene reported a series of four cases of pulmonary tuberculosis in adults in which an attempt was made to obtain the Pirquet reaction with tuberculin with negative results in all cases. This reaction is held by Pirquet to occur in practically all cases of tuberculosis among children; but little work has been done with adults. He described the technique of the procedure. Dr. Keene also reported three cases of true barber's itch, two of which when first seen had been so vigorously treated with an alleged mercurial ointment that they had a severe burn in addition to the tinea infection. The latter had been practically unaffected. After treating the face with mild, cooling lotins to allay the burn the cases were put on sulphurous acid used in full strength. This did not seem to do a great deal of good until the hair in the affected area was removed. They were brittle and came out easily. On continued application of the acid the condition rapidly cleared. These cases were reported to call attention to the use of sulfurous acid which while formerly used a great deal has of late been laid aside. „

Dr. O. C. Pfaff exhibited a gall stone which he had removed at operation composed of almost pure cholestrin. This type of stone is very uncommon.

Discussion. Dr. F. B. Wynn emphasized the necessity of clearly differentiating between impetigo contagiosa and true barber's itch. The former is very common while the latter is very rare. He expressed his preference for mercurial ointment in such cases, stating that if the white ointment is used there is little or no danger of a burn. The Pirquet reaction promises much even if successful in only a small number of

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cases because of the ease with which it can be used.

Dr. A. W. Brayton said that barber's itch is an uncommon disease and one tending to be chronic in its course. He held the treatment with mercurial preparations to be the best and maintained that if properly used there was nothing to be feared.

Dr. G. B. Jackson called attention to the difficulty between alveolar sarcoma and carcinoma. He believed that the sections exhibited by Dr. Sluss and discussed by Dr. Ritter showed more of the characteristics of carcinoma than sarcoma but he would not give a positive opinion without further opportunity to study the sections and additional sections from other portions of the tumor. His objections were based upon the apparent lack of fibrille matrix, the extensive bands of mature tissue with well formed blood vessels and the absence of poorly formed blood vessels.

Dr. C. F. Neu considered the appearance of the specimen of tumor under the low power of the microscope to be almost typical of carcinoma and even under the high power the fully developed appearance of the connective tissue stroma, the absence of any well marked vascularity or of blood vessels with imperfectly formed walls so commonly found in sarcoma especially when growing rapidly, along with the uniform character of the cells in the alveoli lead one to question its sarcomatous nature and rather to place it among the carcinomata. From the mucous membrane lining the antrum we have a probable source of proliferating epithelium and not an infrequent starting point of a carcinomatous growth.

R. H. RITTER, Secretary.

MEETING OF NOVEMBER 12, 1907.

The Society was called to order by the President, Dr. Pfaff. The minutes were read and approved. The application of Dr. George M. Wells was read the first time and ordered posted.

Dr. J. J. Kyle read a paper, "Tracheo-Bronchoscopy, with Report of Cases." He also exhibited the instruments devised for this procedure.

Dr. Kyle said: Tracheo-bronchoscopy is the art of direct examination of the trachea or bronchi under artificial or natural light, through a specially designed tube or bronchoscope, either by way of the natural channel or through a wound in the trachea. By this method we are enabled to observe compression by extrinsic tumors, cicatricial changes in the trachea from traumatism, intubation, ulceration, tumors within the trachea or bronchi, deformities of these structures. Killian has even claimed that an abscess of the lung can be aspirated by way of the natural channel. The greatest field that is opened up by this proceeding is the detection and removal of foreign bodies from the larynx, trachea and bronchi.

There are two ways of accomplishing this manipulation; through the natural channel of the larynx and through an opening in the trachea. The age of the patient is the first factor in choosing the method. Under three years a tracheotomy should be done in all cases. Other contra-indications of the upper route are edema of the glottis, laryngeal spasm, undue excitability of the patient, deformity of the mouth, cicatricial stenosis of the larynx and ulceration of the larynx. After three years, unless there is some distinct contra-indication, upper tracheo-bronchoscopy is the ideal method. Four cases were reported.

Case 2. Exploration of the trachea for cicatricial change due to gunshot wound.

Case 2. Exploration of the trachea for a small bone, which had supposedly been sucked into the trachea in the act of eating.

Case 3. Removal of a hardened piece of chewing gum from the right bronchus of a man aged 70 years.

Case 4. Removal of a grain of corn from the right bronchus of a 14 months old baby.

Discussion. Dr. D. W. Layman. This manipulation, like many of the newer methods of treatment and diagnosis, demands especial preliminary training and much manual dexterity. No one should accept the responsibility of treating cases of foreign bodies in the bronchi without this preliminary training. In addition to

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this training there must be thorough knowledge of the anatomy and physiology of the respiratory tract and enough experience with radiography to correctly interpret radiographs without depending too much on the X-ray expert. The time has come to recognize the fact that certain men within a specialty may acquire conspicuous ability in certain lines and the other members of the same specialty should refer cases of this kind to them. This specialism within a specialty should be encouraged for by it is to be obtained the best service to the community. While the procedure is comparatively new and the statistics comparatively meagre it seems to be proven now that recoveries after the removal of foreign bodies through the bronchoscope are more numerous than from the older let-alone policy.

Dr. J. H. Oliver said that the introduction of this method brought the bright light of hope into a region of surgery hitherto dark and gloomy. While almost anyone of any experience could detail cases of remarkable recoveries and unaided expulsion of foreign bodies from the trachea and bronchi, still the experience of surgeons who saw these cases frequently has been decidedly discouraging. He has been able to remove bodies from the larynx and upper trachea without much difficulty but has failed utterly to secure them when farther down. Indeed, prospect for further surgery on the bronchi is poor. He believes that in infants the tracheaotomy and use of the shorter tube is much to be perferred.

Dr. G. V. Woolen complimented the courage and skill of the writer. He fully agrees with Dr. Layman in regard to the development of specialists within a speciality and the recognition they should be accorded. While he could mention many cases of spontaneous expulsion of foreign bodies, and recovery, he believes there is still a great field for this manipulation.

Dr. J. F. Barnhill said there had been collected about 2,600 cases of foreign bodies in the trachea and bronchi. Of the cases operated upon, about 78% got well. Of the 1,200 cases let alone about 73% got well. He fully agreed with the expressed sentiment that this procedure is not to be undertaken except by one who has had preliminary training. Moreover it is only to be used in those cases where there is no reason to believe that the foreign body can be gotten rid of by the natural way of coughing. The operator must be thoroughly familiar with the use of reflected light and unless there is an operator who has all these qualifications it is much safer to let the case alone. There are modifications to the tube now being made which will greatly improve it and facilitate its use. The chief will be the placing the light at the end of the tube. One of the most difficult things is the use of the grasping forceps through a tube of this length. He believes that the introduction of these instruments and this method is one of the greatest advances that has been made in medicine in recent years.

Dr. Sluss said that this matter is of the greatest importance to the general practitioner since these cases come first to him; time is often the greatest factor in the outcome. The symptoms of the presence of a foreign body in the bronchus should be thoroughly understood. This procedure can only be applicable in a limited number of cases. He has seen two of the cases reported by the speaker. The first patient submitted willingly to the first introduction of the tube and did not seem to suffer much at the time but he objected most vigorously to a repitition of the proceeding.

Dr. A. B. Graham was surprised that the inventor of this instrument ha_ not profited by the experience of the proctologist and others who had occasion to use long endoscopes. They had learned some time ago that a light at the end of the tube was the only satisfactory illumination. There has recently been introduced a long flexible tube of copper for removing foreign bodies from the esophagus that might perhaps be adapted to bronchoscopy.

Dr. Charlton expressed surprise that the operation could ever be done under cocaine anesthesia. It would seem that the pain and the shock would be severe and require general anesthesia. Again

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the use of such strong solutions of cocaine and the quantity necessary to anesthetize would ordinarily be considered dangerous. He was impressed with the heroism of passing such an instrument for such a distance through such a sensitive organ as the larynx.

Dr. T. V. Keene believed that the statistics of the past had very little value in studying the question of the removal of foreign bodies from the trachea and bronchus. There can be no question but that the lodging and residence of a foreign body in this region is of far greater danger than its removal by this method if it is skillfully done. The remote as well as the immediate effects have to be taken into consideration.

In closing the discussion Dr. Kyle again emphasized the fact that this method is applicable to a limited number of cases only. He has never had any harmful effects from the use of the strong solutions of cocaine where the weaker solution was well borne. In the case of the child reported, he now believes it would have been better to have done a tracheotomy at once and used the shorter tube than to have caused the delay and increased trauma from the attempt to pass the tube through the larynx. He is still unable to account for the sudden death of the child after its apparent improvement.

R. H. RITTER, Secretary.

MEETING OF NOVEMBER 19, 1907.

The Society was called to order in the clinical amphitheatre of the City Hopsital. In the absence of the president and the vice-president, Dr. T. W. DeHass was called to the chair. The minutes of the last meeting were read and approved. Dr. Heath announced the meeting during the coming week of the Ninth Councillor District Medical Association to which the members of this society were invited. The program was then taken up.

Dr. F. B. Wynn presented three cases.

Case 1. A young woman, aged 30. He had shown this patient to the Society about eighteen months ago. At that time there were large masses of enlarged lymphatic glands in the neck. There was some doubt as to the diagnosis and even the study of sections of some of the glands which were removed had not cleared up the case. Under the persistent use of the X-ray the masses in the neck have almost entirely disappeared. Now there are enlarged hardened glands in both axillae. There has been an irregular fever, never high, with intervals of complete freedom. In the last few months there has appeared a cough with an increasing amount of expectoration and recently tubercle bacilli have been found in the sputum. There is no family history of tuberculosis. Dr. Wynn reviewed the discussion as to the true nature of Hodgkin's disease of which he believes this to be a sample. He believes that the tendency is to accept the theory that it is an atypical form of tuberculosis.

Case 2. Male, aged 42, a laborer. No personal or family history of tuberculosis. Syphilitic infection is denied although there are suspicious scars on the penis. General health was good until about two years ago. At that time he began to notice an enlargement of the glands on one side of the neck. This steadily increased and soon involved the glands on the other side. At the present time there is great enlargement of the glands in the neck, axillae, anterior mediastinum inguinal and femoral regions. The masses are hard, discrete and slightly tender. He lost fifty-five pounds in weight. In the past month he has had what he considered an acute cold. Tubercle bacilli are now present in the sputum. Since entering the hospital he has had an irregular temperature running as high as 102 but showing no distinctive features. The blood contains 4,000,000 red cells and 25,000 leucocytes. One of the glands was excised and sectioned. When cut open it exuded a sticky, milky fluid. The sections show a confusing picture which has not yet been satisfactorily interpreted. The diagnosis is between Hodgkin's disease, syphilis and glandular tuberculosis. Dr. Wynn would rule out Hodgkin's disease and leans to the view that this is a case of syphilis. Active antisyphilitic treatment has been instituted.

Case 3. Man, aged 30. Father, one sister and several aunts and uncles on both

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sides of his family have died of tuberculosis. One sister is now in poor health and possibly has consumption. Three years ago the patient had acute pneumonia and pleurisy with effusion which was aspirated. The upper part of the right chest, which was the seat of this process, is now depressed, rigid and without resonance. Seven years ago he was infected with syphilis and later on suffered much with "rheumatism" or pains in the muscles and joints. He now shows numerous sunken scars of old ulcers some as large as a silver quarter on the calvarium, face, scapulae, shoulders, back, thighs, tibiae, backs of the hands and arms. The case of one showing an extreme degree of tertiary gummatous manifestation. Dr. Wynn spoke of the frequency with which late lesions of syphilis were to be found in the tibial region and over the calvarium. These lesion are only too frequently mistaken and allowed to go on to the production of great disfigurement. They are not infrequently mistaken for epitheliomata. He described the evolution of the gumma and the characteristics of the scars of old luetic lesions.

Dr. Theodore Potter presented two cases.

Case 1. Man, aged 55; a muscular, hard-working, steady-drinking Irishman. His health has always been the very best except for several attacks of acute articular rheumatism, the last one occurring about one year ago. About one month ago he contracted a heavy cold which was accompanied by a severe and persistent cough. This was evidently an acute bronchitis. He began to have shortness of breath which has grown steadily worse, and has wholly incapacitated him for work. For some time past he has noticed some swelling of the feet. There is now marked edema of the legs and scrotum and fluid in the abdomen and both pleural cavities. The apex beat is in the fifth interspace one inch outside the nipple line. The heart beat is faint and irregular but no murmur can be detected. The arteries are thickened and leathery but not calcareous. The edge of the liver can be felt just below the costal border. When first admitted to the hospital, the urine was scanty, the specific gravity 1024 and a large amount of albumin was present. After a few days' rest in bed and a little attention to diet the albumin began to disappear and now only the suspicion of a trace can be found. The diagnosis rests between an old valvular lesion with break in compensation and a primary chronic myocarditis. It is evidently not a case of nephritis as might be thought from the condition of the urine when he was admitted to the hospital. The history well illustrates the benefit to be derived from putting these patients completely at rest in bed and regulating the diet. In this case it has caused the albumin to completely disappear from the urine in a comparatively short time.

Case 2. Man, aged 18, a Greek. He was taken sick rather suddenly in June of the present year. He then had a chill followed by severe pain in the left side of the chest. This pain was constant for five or six days when it lessened, but it did not entirely leave until the side was aspirated in the following month. Three pints of fluid were withdrawn. He has not been perfectly well since. He entered this hospital on October 26. Examination revealed the left chest rigid and full of fluid almost up to the clavicle. He had a temperature of 102 and was complaining of cough, night sweats and some pain in the chest. Twenty ounces of fluid were withdrawn from this side. There was a fall of temperature after the aspiration, but it has never entirely disappeared. Cough and expectoration has persisted and even seems worse. At present there is a reaccumulation of fluid in the chest; there is a slight infiltration of the right apex. The question comes up as to the advisability of again aspirating the fluid. After a close observation of several cases, Dr. Potter believes that where there is a tubercular lung underneath a pleural effusion, the effusion accomplishes for the lung what the surgeon does for a diseased joint when he immoblizes it.

Dr. Freeland, superintendent of the hospital, invited the society to partake of some light refreshments and the society adjourned.

R. H. RITTER,
Secretary.

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BOOK AND JOURNAL REVIEWS.

Wellcome's Excerpta Therapeutica, Burroughs, Wellcome and Co., London, (Eng,) New York, Montreal, Sydney, Cape Town. United States Offices, 45 Lafayette street, New York City.

This little book contains a series of therapeutic notes, alphabetically arranged, pertaining to the pharmaceutical products of the publishers. It also contains an index of diseases and treatment in which there is mention made of the disease and the drugs used to combat it. Some other information is included such as the abstract of medical law, diet tables, urinary and water analysis, obstetric table and postal information for the United States.

The Perpetual Visiting and Pocket Reference Book, St. Louis, Mo., J. H. Chambers and Co., Publishers.

Physicians recognize that it is essential to have a call-list and this one will answer the purpose; however, more care should have been observed in its binding. It contains the usual tables of instructions for dosage, emergencies and incompatibles.

Disorders of Respiration and Circulation, Symptomatology and Diagnosis. A Series of Monographs by Prof. Dr. Edmund Von Neusser, Professor of the Second Medical Clinic, Vienna. Authorized English Translation by Andrew McFarlane, M. D. E. B. Treat & Co., Publishers, New York.

This work emphasizes the value of information obtained at the bedside of the patient and shows conclusively that the laboratory findings cannot be substituted for bedside work.

Prof. Edmund Neusser sets forth a dirth of clinical facts as a result of his extensive experience.

The first chapter deals with the conditions which produce dyspnea and then it and cyanosis of the respiratory tract, which is followed by a description of these conditions in disorders of the circulation. The attention of the reader is called to dyspnea and cyanosis occuring in a large number of diseases which quite frequently escape the attention of the physician or more properly if he recognizes their presence, he occasionally does not assign the requisite importance to them. This dissertation clears up many points which sometimes have a cloudy appearance. The chapters relating to the infectious diseases and poisons are particularly interesting and instructive.

The Physician's Visiting List for 1908. P. Blakiston's Son & Co., Publishers. Philadelphia, 1012 Walnut street.

This is the 57th year of the publication of this visiting list which is ample evidence of its popularity. The regular edition may be had which will accommodate from fifty to one hundred patients per day or week. The perpetual edition can be commenced at any time and with the monthly edition the name is written but once during the month and the whole month's account is kept in one place. Its contents consists of a calendar, dose table and many other matters of information to complete an emergency reference book which is correct, convenient, complete and compact. The binding is good and the price ranges from 75 cents for the plain binding to $2.25 for the edition in two volumes.

So great has been the demand that W. B. Saunders Company, the medical publishers of Philadelphia and London, have found it necessary to issue another revised edition of their illustrated catalogue of medical and surgical books. In looking through the copy we have received, we find that since the issuance of the last edition six months ago, the publishers have placed on the market some twenty-five new books of new editions—truly an indication of publishing activity. The colored insert plate from Keen's New Surgery. which enhanced the value of the former edition, has been replaced by a new one from the second volume of the same work, and this alone gives the cata-

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logue a real value. A copy will be sent to any physician upon request.

Principles and Practice of Modern Otology, by John F. Barnhill, M. D., Professor of Otology, Larnygology and Rhinology, Indiana University School of Medicine; Otologist and Larnygologist to Deaconess and State College Hospitals, etc., and Ernest de Wolf Wales, B. S., M. D., Associate Professor of Otology. Laryngology and Rhinology, Indiana University School of Medicine; former assistant in Otology, Harvard Medical School; former assistant Aural Surgeon, Massachusetts Charitable Eye and Ear Infirmary, etc. With 305 original illustrations, many in colors, Philadelphia and London. W. B. Saunders Co., 1907.

From the viewpoint of the authors, one of the requisites for modernizing the subject of otology is to possess a thorough knowledge of the anatomy, consequently the minute structures are not only accurately described, together with their surgical relations, but also made plain by plates, many of which are colored. This is sound doctrine and furnishes the proper foundation for correct diagnosis and treatment. The text of some works of this character seem to create the impression that they are to be understood by someone who knows equally as much as the author of the subject; this volume is an exception; there is a gradual incline plane from the rudiments to the complex. Normal and abnormal conditions are given equal attention. As a thorough knowledge of the Latin grammar is the prerequisite of the translator, so the A. B. C must be known in otology in order to master the subject and combat disease. Evidently the authors have endeavored to furnish a treatise dealing with this special line of work which can be understood by both students and practitioners of medicine. Preventive medicine, so popular at this time, is appropriately given attention, and the views concerning prophylaxis in children as well as the adult is especially commendable. The reader can clearly determine after a careful study of any topic in this work that empiricism has no place in otology and that success depends upon thorough investigation, correct diagnosis and rational treatment. The method by which this can be accomplished is comprehensively outlined.

Probably no one is more capable of furnishing information concerning the mastoid region than Dr. Barnhill and fortunately 42 pages are devoted to acute mastoiditis and 43 pages to chronic mastoiditis which are illustrated by 69 plates. All of the illustrations are works of art and space will not permit further comment; suffice to call attention to one on page 434, which is especially meritorious. It is a part of the chapter on intracranial complications and represents the dissection of the mastoid and cervical region showing all the structures with which the operator must deal in performing the several operations connected with the surgery of the ear.

The chapters upon anatomy of the temporal bone, physiology of the organ of hearing and bacteriology of the ear and the pathology were written by Dr. Wales, and the remainder of the work was prepared by Dr. Barnhill. Both authors are to be congratulated for their splendid work and the members of the medical profession are fortunate in being able to have the opportunity of possessing so valuable a volume. S. E. E.

A Text-Book of Practical Gynecology. For Practitioners and Students. By D. Tod Gilliam, M. D., Emeritus Professor of Gynecology in Starling-Ohio Medical College, and Sometime Professor of Gynecology, Starling Medical College; Gynecologist to St. Anthony and St. Francis Hospitals; Consulting Gynecologist to Park View Sanitarium, Columbus, O.; Fellow of the American Association of Obstetricians and Gynecologists; Member of the American Medical Association, of the Ninth International Medical Congress, etc., Second, Revised Edition. Illustrated with 350 engravings, a colored frontispiece, and 13 full-page half-tone plates. 642 royal octavo pages. Extra cloth, $4.50, net; half-morocco, gilt-top, $6.00 net. Sold only by subscription. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

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This book is divided into fifty chapters of 621 pages and is an exceedingly practical book for the student and busy practitioner.

The extreme common sense methods employed, with the large and known experience of the author, entitles this book to due consideration.

The cuts are admirable and always show and make plain the text. The chapters upon fibroid tumors of the uterus and treatment of fibroid tumors of the uterus are comprehensive and instructive, yet at the same time go deep enough into the detail and minutia of the subject to be of great interest to the specialist as well as the student and general practitioner.

Chapters XLI, XLII and XLIII dealing with the diseases of the urethra and bladder, also deserve special mention. Dr. Gilliam has systematically covered the entire range of affections of these organs and has handled the subject in a most masterful way.

It is a book that should find a place in the library of every man doing abdominal surgery. KAHN.

Diseases of the Genito-Urinary Organs and the Kidney. By Robert H. Greene, M. D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks, M. D., Assistant Professor of Pathology, University and Bellevue Hospital Medical School. Octavo of 536 pages, profusely illustrated. Philadelphia and London; W. B. Saunders Company, 1907. Cloth, $5.00 net; half morocco, $6.50 net. W. B. Saunders Company, Philadelphia and London.

This book is evidently a work which will prove of great value to the practitioner and the surgeon as but few if any of the diseased conditions of the genito-urinary tract have escaped the notice of the writer. Every practitioner should necessarily be acquainted with modern technic to treat this class of diseases and be well qualified after he has obtained the information furnished by this book. A large number of persons in general practice do more or less gynecological and genito-urinary work and the more voluminous treatises are illy suited for their instruction but are more appropriate for those who specialize in these lines and furthermore this volume is enhanced in value by the assurance that it is a conjoint product of a surgeon and a physician with particular attention given to the medical and surgical aspects of these diseases. At the outset of the work we find the method for the examination of the patient which includes special information pertaining to the urine and the bladder. Following this there is a description of the normal kidney together with its diseases both from an immediate and a remote standpoint, while surgery of the kidney is not omitted. The disease of the bladder and other organs which would be appropriately included are taken up in detail with an outline of appropriate treatment.

A Text-Book of Physiology. The new second edition, revised. A Text-Book of Physiology; for Medical Students and Physicians. By William H. Howell, Ph. D., M. D., LL. D., Professor of Physiology, Johns Hopkins University, Baltimore. Second edition, thoroughly revised. Octavo volume of 939 pages, fully illustrated. Philadelphia and London; W. B. Saunders Company, 1907. Cloth, $4.00 net; half Morocco, $5.50 net. W. B. Saunders Company, Philadelphia and London.

Professor Howell has given to the medical profession and medical students a work on physiology that is a credit to himself, the great school he represents and the profession of America.

There is no subject of more importance in the building of a medical education than the subject of physiology and to have such a text book as a guide the subject which is rather a difficult one to grasp is made very much easier to comprehend.

The author has given a great deal of careful effort to the minute physiology of all the special sense organs as well as the general subject of the nervous and digestive systems.

Altogether this valuable work on so important a subject should be in the hands of every student and practitioner of medicine. S. P. S.

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The Internal Secretions and the Principles of Medicine. Including Biology, Pharmacodynamics. Pathogenesis and Applied Therapeutics, by Charles E. de M. Sajous, M. D., Volume Second, With Twenty-five Illustrations, Philadelphia, F. A. Davis Co., Publishers, 1907.

The author has recognised certain shortcomings of physiology and especial reference is made to respiration, nutrition and the manner in which a function is incited in an organ. Reference to others is made throughout the work. The author believes that the failure to furnish adequate explanation of functions to which he has called attention is because physiologists have overlooked the cardinal functions of organs principally the adrenals, the thyroid, the pituitary body and the leucocytes.

A clear treatise of these is found in this work and the author shows the far reaching importance of the functions of the internal secretions in all processes, normal, morbid or protective.

The conclusions drawn from his earnest investigations are not based upon theory but are facts which no reasonable person will endeavor to dispute.

The reader should be able to see from a careful study of this work that the lagging in therapeusis is not because we were lacking in agents to successfully cope with disease but because they were used blindly and injudiciously and the writer removes all doubt of their efficiency. A knowledge of the internal secretions is intended to instil confidence in the power of remedies to combat disease.

This volume is one not only of applied thereapeutics but there is also the pathogenesis of most malignant diseases and their treatment.

It seems evident that Dr. Sajous has found the main cause of the spread of therapeutic nihilism. Empiricism held sway for a time and if for no other reason it apparently seems that remedies have been used without a knowledge of their physiological action but little was known of the remedy and less known in reference to the organ and its function, normally or abnormally, hence a therapeutic agent has frequently been given for the purpose of curing disease without first having a process of reasoning to entitle it to be used. Members of the medical profession who possess more than the average intelligence in other avenues have been the father of many a doubting Thomas respecting therapeutics. The logical reasoning of Dr. Sajous will unquestionably appeal to these who have been groping in the dark if they are open to scientific argument. This class has been responsible in a great measure for the establishment of many of the "off shoots" of medicine and this book, it is hoped, will lead them to the light—this will be its mission.

S. E. E.

Immune Sera. A concise expostion of our present knowledge concerning the constution and mode of action; second By Charles Frederick Bolduan. John W. Wiley and Sons, New York; Chapman and Co., Limited, London.

This little publiction opens with a historical sketch of antitoxins embodying an account of the immunization of animals, also Erlich's side-chain theory and other information concerning antitoxins. The phenomenon of agglutination, its history, purpose, nature and reaction are interestingly outlined. The subject of bacteriolysins and hemolysins consume 58 pages then comes precipitins, cytotoxins and opsonins. The remaining pages are devoted to snake venoms and their antisera and serum sickness. All of these subpects and treated briefly, eyt in a comprehensive manner.

A CONSCIENTIOUS WORKMAN.

Strong Arm Tim is employed in carrying bricks on to a barge. His strength is so great that his boss keeps increasing his loads until finally the gang-plank breaks and lands Tim and his bricks in the water. Tim rapidly sinks, but presently comes to the surface and shouts out. "Throw me a rope there, you spalpeens, youse!"

While his companions are searching frantically for a rope Tim comes to the surface a second time and bellows out, "Here, there, youse loafers, if ye don't throw me a rope I'll be after droppin' some of these here bricks!"—The Circle.

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A BIRTHDAY SONG.

(Grace Denio Litchfield in the December Century).

Out and away, my song!
The road is long,
The time is short;
For thou by break of day, my song,
Must reach thy port,
Hie through the night;
Catch thee a star-beam for thy steed;
Saddle and curb it to thy need
With diamonded light!
Bind the whole heavens to its feet,
Then leap into thy seat,
And loose it for wide flight!
Joy be thy spur, and love thy whip,
For ere the moon hath bent to lave
Her pallid forehead in the wave;
Ere dawn rose-paints the mountain tip;
Ere light lies liquid on the bay
And palpitant above;
There, where my heart is, must thou be
O song of mine, in lieu of me,
And gently lay
Thy little rhymes, all silver sweet
With tender greetings, at the feet
Of one I love
And shall love long.
Haste thee, oh, haste thee, then, my song!
Near is the day.
Out and away!

THE CENTURY IN 1908.

Dr. Shrady, one of General Grant's physicians in his last illness, and in frequent attendance upon him, has put on record interesting details relating to the General's last months, of which no satisfactory record has yet been written. The narrative will emphasize, by anecdote and personal reminiscence, the great qualities of patience, heroism and good will which characterized these sad months; and is certain to make deep appeal to all readers of The Century.

A SECRET.

Little Mary was devotedly attached to a neighbor's cat and went every day to play with her. One day she returned home, her eyes big with excitement. "Why, mother," she exclaimed, "Pussy has kittens, and I didn't even know she was married."—December Lippincott's.

GOT HIS ANSWER.

The victim of the dentist held up his hand.

"Doctor," said he, "before you put the lid on my conversation, will you answer a question?"

"Yes," said the dentist, selecting a square piece of rubber and snipping it with his scissors.

"Do people chew more on one side of the mouth than the other?"

"Sure," said the dentist, picking up the clamps.

"How interesting! Which side?"

"The inside," replied the dentist, slipping the rubber dam over the verbial one that issued from his patient's lips.—December Lippincott's.

A GEM FROM INDIANA.

A reader for a New York publishing house gives the following, quoted from a story submitted by an Indiana authoress, as being about the choicest bit he has come across in many years:

"Reginald was bewitched. Never had the baroness seemed to him so beautiful as at this moment, when, in her dumb grief, she hid her face."—December Lippincott's.

WHAT WE ARE COMING TO.

"Is the room disinfected?"

"Yes, mother; and I have sterilized the curtains, deodorized the furniture, septicized all the fixtures, vaporized the air, washed my lips in an antiseptc solution, and———"

"Have you septicized the mistletoe?"

"Thoroughly, mother; everything is done. Arthur is waiting now in the hydrogen room."

"Then you may go in and let him kiss you, dear."—December Lippincott's.

THE LONE FISHERMAN.

With bated breath, he played the line,
As the fish ran out from shore.
When it got off, he seized the jug
And baited his breath some more.

OVERHEARD IN ROME.

American Girl: "Let's go to the Capitoline Museum and see the Wolf that nursed Romeo and Juliet."—December Lippincott's.

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TO THE Physicians of the State we recommend the following nurses as being thoroughly competent and worthy any nursing you may desire done. Call them direct by phone or telegraph or procure any of these nurses by communicating with the Monitor, care of Dr. D. L. Kahn, 323 North Delaware street, Phone New 5900.

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Colden's Liquid Beef Tonic exerts a specific action on the entire digestive tract. It restores the appetite, increases the quantity and quality of the gastric juice, and normalizes the motility of the gastro-intestinal muscles. Write for sample and literature. Sold by all druggists.

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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. D. L. Kahn, Business Manager Central States Medical Monitor, 323 N. Delaware St., Indianapolis, Ind.

Remember that the dripping of the urine in adult life usually denotes the over-flow of a distended bladder, possibly occasioned by muscular relaxation of bladder, or the commencement of hypertrophy of the prostate. Sanmetto is the indicated remedy.

"Rheumatic sore throat exhibits no exudate and no pus formation, but the membrane is a decided red, often rather dark, and is markedly aggravated by weather conditions that increase rheumatic symptoms. Local treatments and even the usually successful internal medicines for ordinary sore throat are inefficient."

Tongaline or Tongaline and Lithia Tablets by rapidly expelling the poisons which are the source of the complaint will secure most beneficial results.

The Country Doctor Obsolete: The country doctor is rapidly becoming extinct as a species. The men one meets at these societies look, dress talk and act as the men do at any meeting of city physicians. The papers presented are quite up to the city standard, the discussions markedly above those of the city men. Therapeutics is discussed intelligently, scientifically, without undue optimism, without a trace of the silly pessimism too often assumed by the city physician to disguise his ignorance. The surgical experiences related would astonish some men who think the city clinics and clinicians do all of this work, or at least all that is well done.—American Journal of Cinical Medicine.

Theory and Practice: Sydenham, some 250 years ago, recommended that young men desirous of studying medicine should lay aside their books and read Don Quixote! He had a profound contempt for the book learning of his times. While he knew the current theories, instead of trying to make them the basis of his practice he relied mainly upon observation of the natural processes of the body and their various normal and abnormal manifestations. His aim was to aid nature and to avoid harming her. Instead, therefore, of the complex remedies and prescriptions of his times he gave simple remedies and carefully watched their actions. He studied his patients and left theorizing to others. And he was wonderfully successful.—American Journal of Clinical Medicine.

RELIEF IN RHEUMATOID CONDITIONS.

Dr. Pettingill, of New York City, under the head of "Intestinal Antisepsis," reports some excellent experiences, from which the following is selected:

"Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia in combination with various remedies, has a peculiarly happy effect. Particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia, the rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination. After fever, inflammation, etc., there frequently remain various painful and annoying conditions which may continue, namely: the severe headaches which occur after meningitis, a 'stitch in the side' following pleurisy, the precordial pain of pericarditis and the painful stiffness of the joints which remain after a rheumatic attack—all these conditions are relieved by this combination called 'Antikamnia and Salol Tablets' containing 2½ grs., each of antikamnia and of salol and the dose of which is one

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or two every two or three hours. They are also recommended in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol neutralizes the uric acid and clears up the urine. This remedy is a reliable one in the treatment of diarrhea, entero colitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by two antikamnia and salol tablets every three hours, will give results that are gratifying."

THE MANAGEMENT OF CONVALESCENCE.

In convalescence from acute diseases, such as pneumonia, typhoid fever, acute articular rheumatism, etc., we are face to face with the problem of restoring the weakened organism to its normal condition. The blood shows a state of secondary anemia, the nutrition is lowered, the nerve and muscular tone is below par; the appetite but sluggishly answers our urging, and the digestive powers feebly respond to the demands made upon them.

It is at the dawn of convalescence, when the danger of the illness itself has passed, when the desire to live, to get strong, is highest in the patient, that the physician's reputation often hangs in the balance. Having brought the patient through an illness, many physicians are unfortunately content to rest on their laurels, and to let long-suffering "Nature" do the rest. The wise practitioner, however, knows that Nature is grateful for the proper kind of aid in these circumstances—aid in her efforts to lead a weak organism out of the bondage of illness.

And so, the far-seeing physician will look about in his armamentarium for a drug or a combination of drugs which will restore the blood, the nutrition, the digestion, the assimilation, the appetite, the weight, and the powers of resistance of the sufferer to normal, in the quickest possible time.

Fortunately, nature has provided two chemical elements, iron and manganese, which are as necessary to the system as life itself, and which, when given in the proper amounts and in the proper forms, will carry the patient through convalescence to health. In the delicate state of the digestion of a convalescent it is of the utmost importance that the forms of iron and manganese administered be such as to become absorbed and assimilated with the least disturbance of the gastro-intestinal organs. The old-fashioned inorganic preparations of iron which still figure in the Pharmacopeias of various countries are totally unsuited for this purpose.

The scientific researches of Hamburger, Bungs, and others, conducted during the past twenty-five years have shown the immeasurable superiority of the organic compounds of iron and manganese. The organic compounds alone have been found to be absorbable in such amounts as to produce the desired action on the blood. Of these compounds the peptonate, which is an organic-chemical combination of iron and manganese with peptone in a solution, known as Pepto-Mangan (Gude) is the most readily absorbed, and therefore the most efficient preparation of iron-managnese known, and as such is used with the greatest benefit in convalescence anemias.

A point which is frequently lost sight of in considering the treatment of anemia, is the importance of manganese as a constituent of normal blood, and as an element ranking only next to iron in its power of building blood corpuscles and increasing the life-bearing hemoglobin of these cells.

Campani, an Italian savant, as early as 1872, demonstrated that manganese is found in the red blood cells, as well as in the serum of normal blood, and the more recent researches of Lecanu and Lheritier show that manganese forms a constant constituent of the hemoglobin molecule. Furthermore, Zaleski (Zeitschr. f. physiol. Chemie, 1904, page 449) showed that manganese enters the molecule of hemoglobin with the same readiness as does iron, and therefore it has the same direct blood-forming power as iron. But, perhaps the most important fact in connection with man-

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ganese, is that once having entered the red cell, it attracts iron to the coloring matter of the blood, as the recent investigations of Benedetti have shown (Boll. Scienc. Mediche, Bologna, June, 1905).

A consideration of the above facts will convince any unbiased physician that the preparation known as Pepto-Mangan (Gude) is made on scientific principles, in accordance with the researches conducted by the foremost physiologists and clinicians within the past quarter of a century. It contains a combination of iron and manganese calculated to secure the highest possible blood-building efficiency without in the least interfering with the digestive functions. On the contrary, Pepto-Mangan is an excellent digestive tonic, it increases the appetite and promotes nutrition. Pepto-Mangan (Gude), therefore offers in convalescence the surest, most agreeable, and most prompt road to perfect health.

H-M-C AND A HAPPY DELIVERY.

A few days ago I was called to see a case of obstetrics. The lady was a primipara, twenty-four years old, was anemic, dropsical, with a very bad heart. She began having pains on Sunday forenoon, and I was called Monday morning. She was having pains at intervals of five minutes, but the os did not dilate. During the day and up to ten o'clock the pains grew stronger, were very severe, with but little dilation of os; patient almost exhausted. I gave one half-size H-M-C (Abbott) at 10 p. m. She was sleeping thirty minutes after and was delivered of a fine boy at 2 a. m. Complained some during the last three of four pains. I was delighted and so was the patient.

J. H. HAMMOND.

Enigma, Ga.

THE SERUM TREATMENT OF EXOPHTHALMIC GOITRE.

Harriet C. B. Alexander* discusses the subject and reports thirteen cases. Four principal theories of the disease have been advanced: (1) That it is due to disease of the sympathetic nervous system; (2) that the seat of the malady is the medulla oblongata; (3) that it is primarily a disease of the thyroid gland; and (4) that it is a neurosis.

Modern therapeutic measures have been largely based on the "thyroid" theory. The results of partial strumectomy indicate that the successful removal of a portion of the thyreoid gland can lead to cure or to definite amelioration of the condition. On the theory that the thyreoid secretion normally neutralizes certain general metabolic poisons in the body, Moebius and others conceived of treating cases of exophthalmic goitre, in which there is presumably an excess of thyreoid secretion in the body, by introducing subcutaneously, or by the mouth, the serum of thyreoidectomized animals. It was hoped that the non-neutralized general metabolic poisons of such animals would nullify the toxic effect of the excessive thyroid secretion. As to the treatment, experience has shown the great importance of general measures; complete rest for a time, fresh air, careful diet, mild balneotherapy, etc.

The name Thyreoidectin has been given to a preparation obtained under aseptic precautions from the blood of animals from which the thyroid glands have been removed, and which is exhibited as a reddish-brown powder contained in capsules, usually five grains each. Carefully conducted clinical trials seem to show that Thyreoidectin can be depended upon to control the characteristic symptoms of exophthalmic goitre. In most cases the patient experiences much relief from the restlessness, tremors, insomnia and other nervous symtoms so frequently present, and a gradual lessening of the frequency of the pulse rate, decrease in the size of the glands, and a diminution of the exophthalmos, with an increase of weight and a much better condition generally. The dose of Thyreoidection seems to be one or more capsules after each meal, according to the judgment of the physician and the reaction of the patient.

In nine of the author's thirteen cases the size of the gland was materially reduced, and in every case improvement was observed with respect to one or more of the symptons.

*The American Practitoner and News, August, 1907.

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MEATOX—POWDERED DRY BEEF.

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The essential differences between Meatox and Meat Juice or Meat Extracts is that Meatox contains all the nutritive elements of beef, while liquid extracts of meat are merely stimulants.

Meatox contains from 65% to 70% of Proteines and Albumases and about 2 to 3% of Common Salt,
2 to 3% of Gelatine,
2 to 3% " Fat,
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and inert substances.

1 lb. of Meatox contains the nutritive substances of 5 to 5½ pounds of fresh beef.

Meatox can be given to dyspeptic patients in its original powdered condition ½ ounce morning, noon, 6 P. M. and 10 P. M.

It can also be administered with milk, cream, fresh butter on toast, filtered water either cold or warm, beef, tea or bouillon, honey, pure malt, soft boiled eggs or soft omelet, cereals, barley, wheat, rice, etc., cooked green vegetables.

Two ounces of Meatox being administered to a dyspeptic patient every day, in connection with the little amount of other foods which he can partake, will supply him with all the proteides contained in 11 ounces of fresh beef. This is a little more than anyone needs to eat every 24 hours in order to keep up his strength.

In diabetic cases, two or three ounces of Meatox per 24 hours will supply the patient with the necessary amount of proteides without overtaxing his stomach.

Soldiers in the field can be fed with 2 or 3 ounces (per day) of Meatox in connection with cereals, rice, cooked green vegetables, etc.

Sailors can be fed with 2 or 3 ounces (per day) of Meatox either plain or mixed with cereals, etc., so that it would not be necessary to give them salt meat more than once or twice a week in connection with cereals, thus preventing scurvey which causes so many victims in the navy.

One ton of Meatox contains as much proteides and albumoses as 6 to 7 tons of beef, while it does not require any ice to preserve it either in transit or in stock, and it does not deteriorate with age.

As I am certain you will be interested in this new food, it will afford me great pleasure to send you a liberal supply for experimenting purposes as soon as I am ready to put it on the market.

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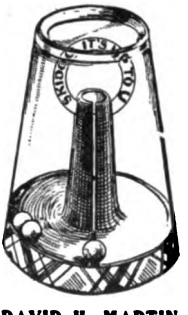

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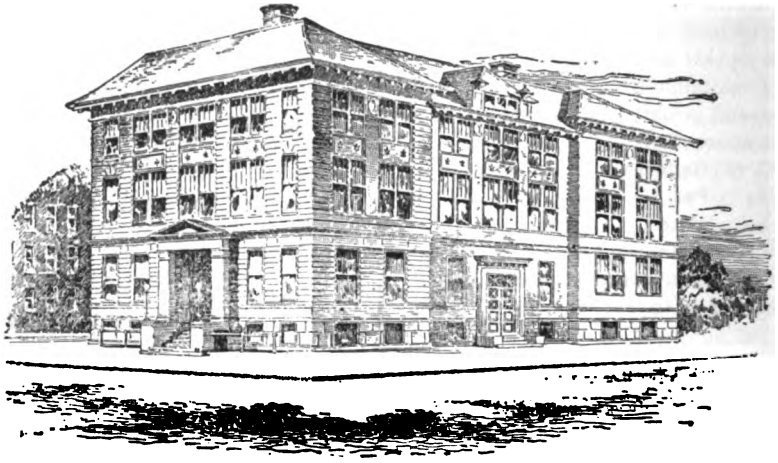

During the past summer the Trustees of Indiana University acquired full control of the State College of Physicians and Surgeons and made it an integral part of the Medical Department of the University, the same to be known in the future as the Indiana University School of Medicine, and giving the full four years' course.

The first two years of this course will, as heretofore, be given in the extensive and thoroughly equipped laboratories of the University at Bloomington, for the reasons that such an arrangement is not only more economical to the State, but also the student is assured of the best facilities for study and the highest standard of instruction.

The work of the Junior and Senior years will be given at Indianapolis in the College building and will consist mainly of clinical and bedside teaching. To better meet the demands for a thorough clinical education, the College has established its own hospital with a floor space of 15,000 square feet. The hospital consists of over seventy beds, including obstetrical and children's wards. The dispensary and out patient departments are now in successful operation, and abundant clinical material from these sources is assured.

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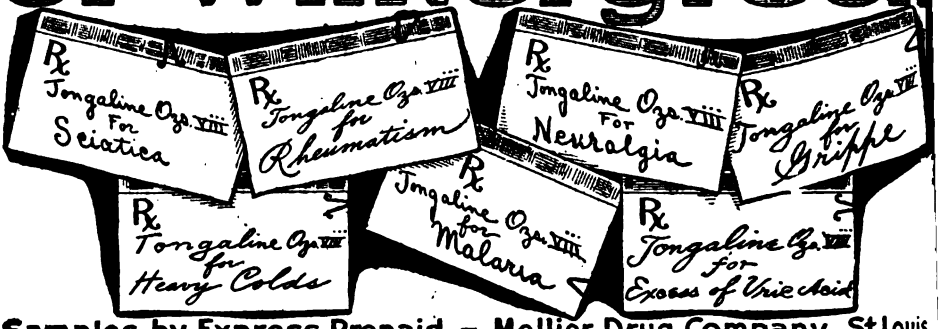
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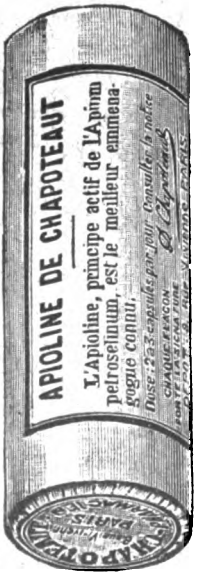

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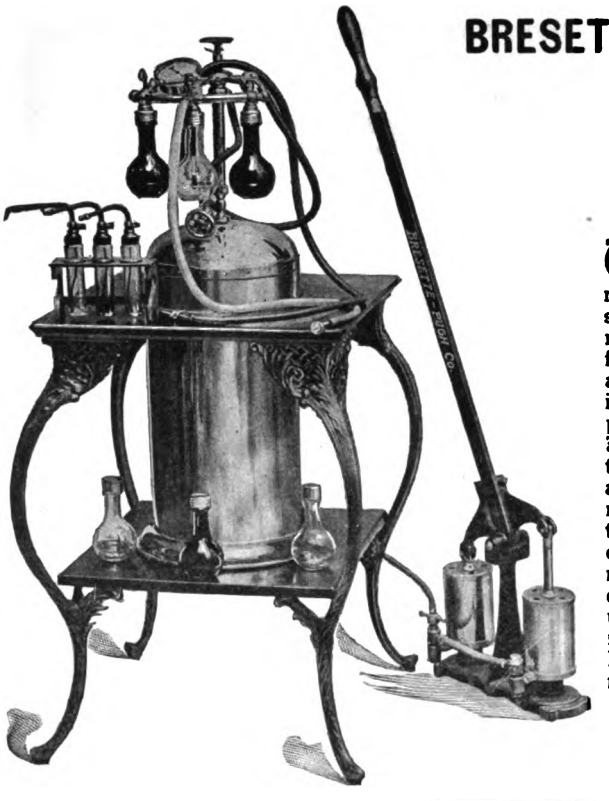

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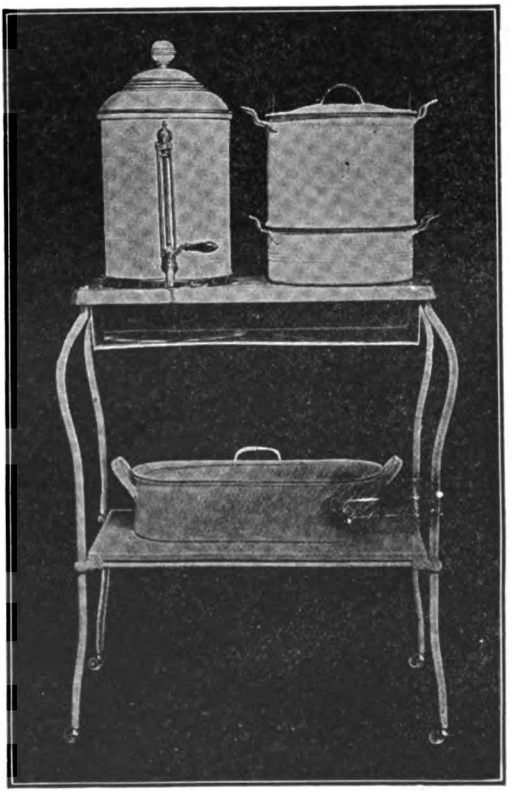

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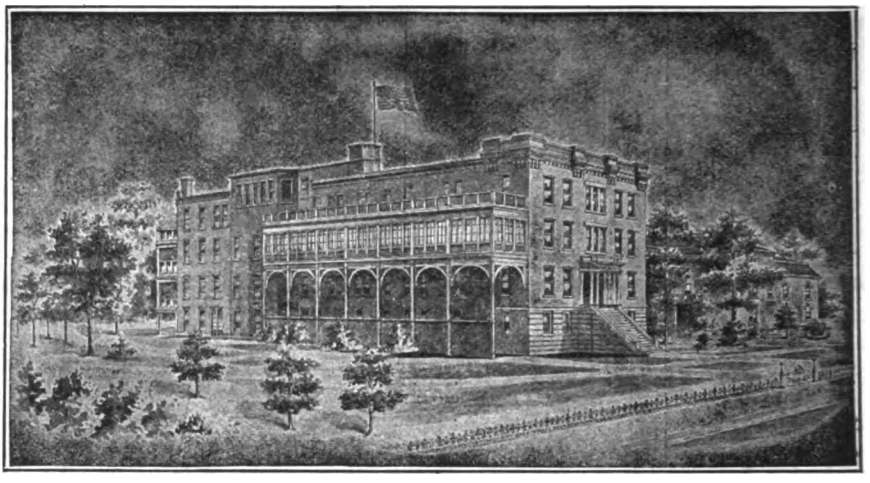

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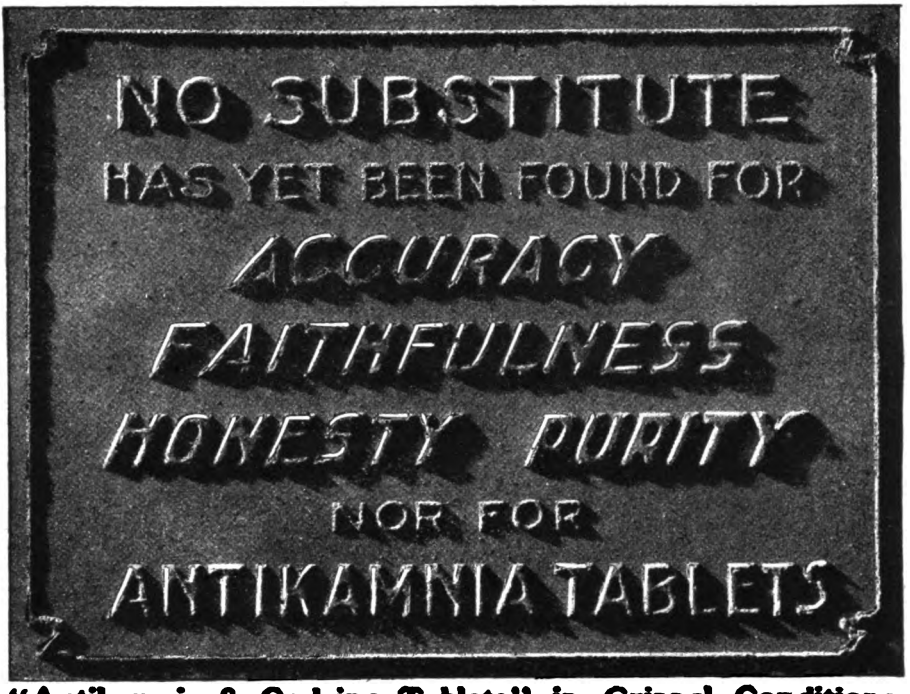

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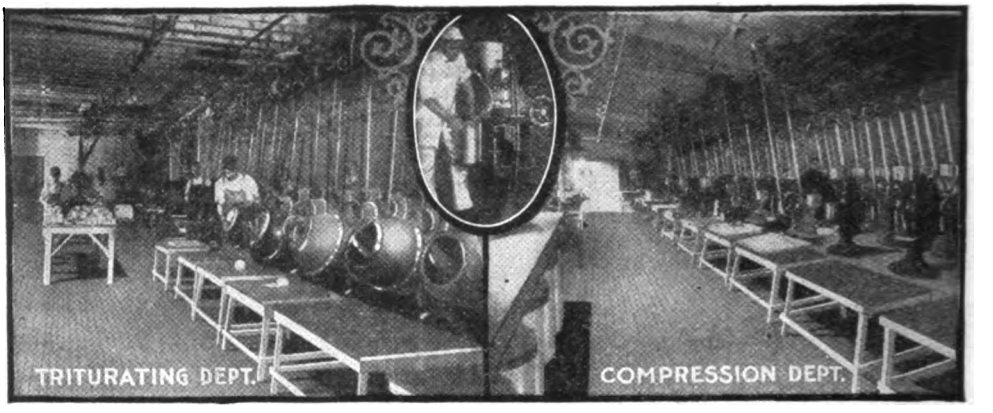

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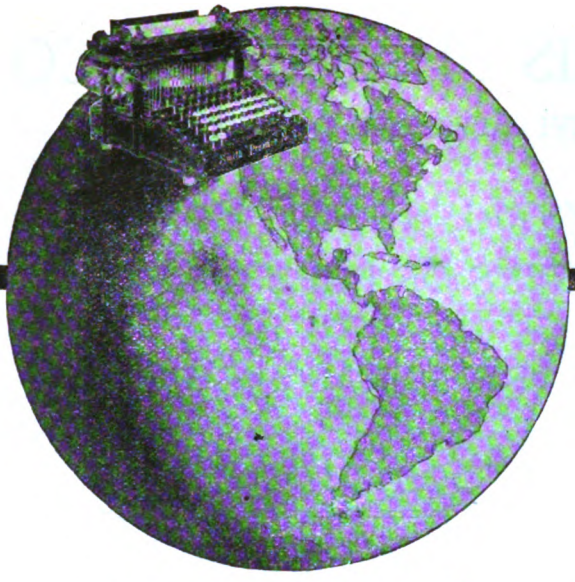

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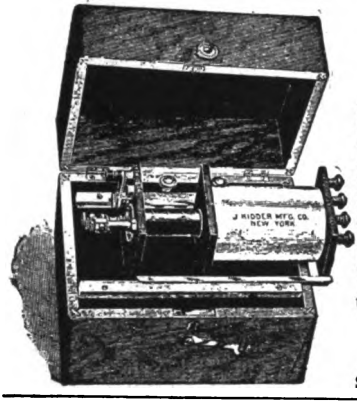

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ANALYSIS OF MEATOX

Moisture	4.80
Celery Flavoring (residue from alcohol extract)	2.21
Sodium Chlorid	4.56
Proteid Matter	73.54
Insoluble Matter	9.43
Total	94.54
Ash	4.96
	99.50
Loss	.50

Submitting the inclosed analysis I take pleasure in stating that basing it on the protein content this is the most wonderful exponent of the modern nutrients extant. It is practically five times the meat value as a food, and as such will command the attention of every physiologist and hygienist interested in food products.

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ANALYSES, CONSULTATIONS AND RESEARCHES
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Contains in 100 parts by weight:

Nitrogenous matter calculated as Albumen	12.02
Fibrin, digestible	70.34
" indigestible	.90
Extractive matter free from Nitrogen	2.18
Fat	7.00
Meat Phosphates	.26
Chlorid of Sodium	.94
Water, hygroscopic	6.34

No foreign preservatives are present. Especially tested for Boric Acid, Salicylic, Benzoic, Fluorine, Sulfurous Acid and Formaline.

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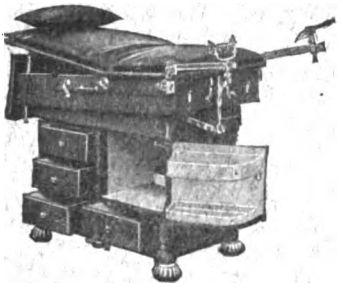

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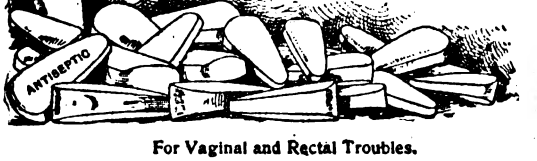

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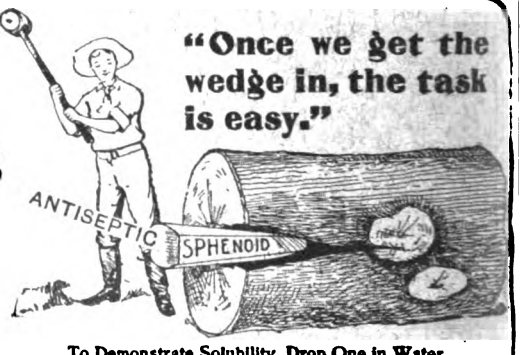

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